The District of Columbia Office on Aging

# SENIOR NEEDS ASSESSMENT

## INITIAL DATA COLLECTION

September 5, 2012

FINAL REPORT

Government of the District of Columbia
Vincent C. Gray, Mayor

# Acknowledgements

District of Columbia Office on Aging

Barney Neighborhood Senior Programs

Bernice Fontaneau Senior Wellness Center

Capitol Commons

Carver 2000 – Ward 7

Columbia Lighthouse for the Blind

Congress Heights – Ward 8

Downtown Cluster's Day Care Center Asbury Methodist Church

Emmaus Services for the Aging

Family Matters of Greater Washington

Fort Lincoln I – Ward 5

Garfield House – Ward 1

Genevieve N. Johnson Day Care Program

Home Care Partners

IONA

East of the River Family Strengthening Collaborative - KEEN Senior Services

MV Transportation

Northeast Neighborhood Village

Office of Veterans Affairs

Serenity Players, Inc.

Silent Partners, Inc.

So Others Might Eat

St. Alban's Court – Ward 3

St. Mary's Church

St. Mary's Court – Ward 2

The Mayor's Office on Asian and Pacific Islander Affairs

Vida Senior Services

Washington Center for Aging

Washington Seniors Wellness Center

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE ON AGING

Office of the Executive Director

September 5, 2012

Dear Community Leader:

I would like to personally thank Mayor Vincent C. Gray for commissioning this Senior Needs Assessment: Initial Data Collection, which aligns with his One City vision for the District of Columbia. Through the Mayor's vision, the District of Columbia Office on Aging (DCOA) and its community-based partners play a key role in making our City a better place for the constituents who live here. Thus, completing this study is the initial phase of understanding the needs of our seniors, persons with disabilities, and caregivers. The findings from this data collection effort will shape the agency's policies with regards to deploying resources, overhauling obsolete programs, and establishing new programs that will improve the lives of the District's residents.

The Senior Needs Assessment was designed to better understand the needs of older adults, the current service delivery model, and the gaps that may exist between the existing and needed services. The report includes primary research with residents and with community stakeholders who provide services to older adults. It also provides data that address the changing demographics, the current make-up of our aging community, and a glimpse of aging trends. This information will prove to be instrumental as DCOA and members of the Senior Service Network prepare to meet the needs of the more than 100,000 seniors in the District and the growing population of baby boomers.

DCOA was elated to take on this study as the last senior needs assessment was conducted in 1978. The vendor, *Bazilio Cobb & Associates,* utilized national and local research, focus groups, surveys, and interviews to obtain information essential to properly assess the needed information. We believe that the methods utilized provide firm footing for a comprehensive look at where the agency needs to go in the future.

It is important to note that DCOA views the Senior Needs Assessment as a beginning, not an end. The agency will use this as a living document to help chart the course for shaping the long-term services and supports system in the District of Columbia. DCOA will continue to welcome feedback from other government agencies, aging stakeholders, policy-makers, and the community at large.

I would like to thank you for taking the time to review this very important study. With your participation and insight, the Office on Aging will continue its tradition of being at the forefront of addressing senior related issues in the District of Columbia.

Sincerely,

John M. Thompson

John M. Thompson, Ph.D., FAAMA
Executive Director

# About The District of Columbia Office on Aging

## Mission

The mission of the District of Columbia Office on Aging (DCOA) is to advocate, plan, implement, and monitor programs in health, education, employment, and social services which promote longevity, independence, dignity, and choice for our senior citizens.

## Who Is DCOA?

DCOA develops and carries out a comprehensive and coordinated system of health, education, employment, and social services for the District of Columbia's residents 60 years of age and older.

DCOA was created by DC Law 1-24 in 1975 as the District of Columbia's State and Area Agency on Aging. It is structured to carry out advocacy, leadership, management, program, and fiscal responsibilities. On the program level, DCOA oversees the operation of two on-site programs, the Information and Assistance Center, and the Senior Employment and Training program. In addition, DCOA also provides nursing home care and services to District of Columbia disabled residents 18 years of age and older. Currently, DCOA and the District of Columbia own two nursing facilities that are privately operated and managed. The Washington Center for Aging Services (WCAS) is leased to Stoddard Baptist Home Foundation and JB Johnson Nursing Facility is leased to Vital Management Team (VMT). It also funds the Senior Service Network comprising 20 community-based nonprofit organizations that provide direct services to the District of Columbia's elderly residents.

The 20 community-based education, government, and private organizations that make up the Senior Service Network operate more than 30 programs for older persons. Crucial to the Network are seven lead agencies that offer a broad range of legal, nutrition, social, and health

services. The goal of these agencies is to enhance the quality of life for older adults and their families throughout all eight Wards of the District of Columbia. The agencies accomplish this goal through widespread distribution of information about the variety of services and programs offered for seniors throughout the city and ways to access them.

In 2008, DCOA began operating—with support from the Department of Health Care Finance—the Aging and Disability Resource Center (ADRC), a one-stop resource for long-term care information, benefits, and assistance for residents age 60 and older and persons with disabilities age 18 and older.

Through the provision of advocacy, leadership and community programs, DCOA is committed to serving seniors and persons living with disabilities within the District of Columbia.

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# Table of Tables

# Table of Figures

Different style guides are used for reporting purposes. However, this report was written in American Psychological Association (APA) style. APA style is the standard writing format for business and social and behavior science. The style is used for ease of reading and comprehension. APA Style requires that credit be given to authors for any information borrowed from them in the text of the report. In other words, in text citation is required to document information borrowed. APA requires that each in text citation be included on the reference list, at the end of the report. The following sentence is an example of how the reader might see a citation in this report; however there are variations.

**In-Text Citation**

Women live longer than men and therefore they make up the majority of the senior population (Jacobsen, Kent, Lee, Mather, 2011, p. 3).

**Entry in the List of References**

Jacobsen, L., Kent, M., Lee, M., & Mather, M. (2011). America's aging population. [Population Bulletin], 66(1), 1-16. doi: 2301729261

# At-a-Glance Overview

The Senior Needs Assessment: Initial Data Collection report contains data on a variety of focus areas and topics. Table 1 is designed to consolidate key data to provide an overview of major focus areas by ward.

● = Three Wards with the best condition based on the specific indicator

⭘ = Two Wards fell in the middle tier condition based on the specific indicator

○ = Three Wards with the worst condition based on the specific indicator

**Therefore, ● means the ward has the preferred condition depending on the indicator.**

** A few line items have a different distribution ratio because the data was identical for some wards. These wards were therefore all kept in the same performing tier.*

**Table 1:**

| | Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 |
|---|---|---|---|---|---|---|---|---|
| Senior Population | ○ | ○ | ● | ● | ● | ⭘ | ⭘ | ○ |
| Service Providers | | | | | | | | |
| - located in Ward (Figure 35, pg. 142) | ○ | ● | ⭘ | ● | ⭘ | ⭘ | ● | ⭘ |
| - provide services to Ward (Figure 36, pg. 143) | ⭘ | ○ | ○ | ⭘ | ⭘ | ○ | ● | ● |
| Wellness/Quality of Life | | | | | | | | |
| - ill/sick (Table 10, pg. 92) | | | | | | | | |
| - ill for the period of 1 month or more | ○ | ⭘ | ● | ○ | ● | ○ | ⭘ | ● |
| - Physical Condition (Table 12, pg. 96) | | | | | | | | |
| - blind/vision impaired | ⭘ | ● | ● | ⭘ | ○ | ● | ○ | ○ |
| - hearing impaired | ○ | ● | ○ | ○ | ⭘ | ● | ⭘ | ● |
| - arthritis | ○ | ● | ○ | ⭘ | ● | ○ | ⭘ | ● |
| - high blood pressure | ○ | ● | ● | ○ | ⭘ | ⭘ | ● | ○ |
| - heart problems | ○ | ⭘ | ● | ○ | ● | ● | ○ | ⭘ |

| | Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 |
|---|---|---|---|---|---|---|---|---|
| - diabetes | ● | ○ | ◘ | ● | ◘ | ● | ○ | ○ |
| - stroke | ○ | ◘ | ● | ○ | ○ | ● | ● | ◘ |
| - Physical Activity (Table 11, pg. 94) | | | | | | | | |
| - Moderate activity (1 to 6+ days a week) | ○ | ● | ● | ◘ | ◘ | ○ | ○ | ● |
| Social/Recreational (Table 13, pg. 103) | | | | | | | | |
| - total all categories | ○ | ● | ● | ● | ◘ | ○ | ○ | ◘ |
| Nutrition Status - (Table 14, pg. 118) | ● | ○ | ● | ● | ○ | ◘ | ○ | ◘ |
| Receive home delivered meals (Table 15, pg. 121) | ○ | ● | ● | ● | ○ | ○ | ◘ | ◘ |
| Transportation - utilization (Table 16, pg. 125) | | | | | | | | |
| - car | ○ | ○ | ◘ | ● | ● | ○ | ◘ | ● |
| - Metro Access | ● | ○ | ○ | ○ | ● | ● | ◘ | ◘ |
| - Metro bus | ● | ● | ● | ○ | ◘ | ○ | ◘ | ○ |
| - senior van/shuttle | ○ | ◘ | ○ | ◘ | ● | ● | ● | ○ |
| - taxi | ● | ● | ◘ | ○ | ● | ◘ | ◘ | ○ |
| - walk | ◘ | ○ | ● | ○ | ○ | ● | ● | ◘ |
| Unemployed Looking for Work | ○ | ● | ● | ◘ | ○ | ◘ | ○ | ● |
| Care giving feeling of financial or physical burden | ◘ | ● | ● | ○ | ○ | ● | ○ | ◘ |
| Own your home | ○ | ○ | ● | ● | ◘ | ○ | ◘ | ● |

| | Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 |
|---|---|---|---|---|---|---|---|---|
| Problems (Table 9, pg. 89) | | | | | | | | |
| - physical health | ● | ● | ● | ◎ | ○ | ○ | ○ | ◎ |
| - housing meets your needs | ○ | ● | ● | ● | ◎ | ○ | ○ | ◎ |
| - getting healthcare | ● | ◎ | ● | ● | ○ | ◎ | ○ | ○ |
| - adequate transportation | ◎ | ● | ● | ● | ◎ | ○ | ○ | ○ |
| - lonely, sad, isolated | ● | ○ | ● | ● | ◎ | ○ | ○ | ◎ |
| - affording utilities | ● | ◎ | ● | ● | ○ | ◎ | ○ | ○ |
| - affording medications | ● | ◎ | ● | ● | ○ | ◎ | ○ | ○ |
| - financial problems | ● | ○ | ● | ● | ○ | ◎ | ○ | ◎ |
| - victim of crime | ○ | ● | ● | ◎ | ○ | ● | ○ | ◎ |
| - legal issues | ◎ | ○ | ● | ○ | ● | ◎ | ○ | ● |
| - performing everyday activities (walking, bathing) | ○ | ● | ● | ● | ◎ | ○ | ○ | ◎ |
| - having too few activities/feeling bored | ○ | ◎ | ● | ● | ◎ | ● | ○ | ○ |
| - providing care for another person | ◎ | ● | ● | ◎ | ○ | ● | ○ | ○ |

# Executive Summary

Mayor Vincent C. Gray commissioned a needs assessment to determine the needs of seniors, persons living with disabilities, and caregivers residing in the eight wards of the District of Columbia. The objectives of this assessment were to:

- Identify community needs, assets, and gaps in services;
- Identify met and unmet service needs of those seniors currently engaged and not engaged in DCOA services and programs;
- Provide descriptive analysis of clinical, behavioral, cultural, and social needs; and
- Provide citywide and ward-based recommendations setting priorities for program planning and decision making activities.

The study's participants provided data via key informant sessions, focus groups, telephone interviews, and surveys. Data were collected on the following 14 areas: wellness and quality of life, safety, socialization and recreation, case management and options counseling, health and mental health, home health/in-home support, nutrition, home delivered and congregate meals, transportation, employment, care giving and respite care, Medicaid/Medicare, assisted living and housing placement, and legal services. There are 16 recommendations that have been identified as a result of this study's findings. These recommendations are intended to improve the unmet needs of the targeted populations through increasing interagency collaborations, bolstering existing programs and services, and enhancing outreach and public awareness efforts.

# Study Background and Methodology

## Study Background and Methodology

### Study background.

The District of Columbia Office on Aging is the State Unit on Aging (SUA) and Area Agency on Aging (AAA) for the District of Columbia. DCOA receives funds from the Older Americans Act (OAA) and this funding helps support many of DCOA's home and community-based programs and services.

DCOA is responsible for carrying out a comprehensive and coordinated system of health, education, employment, and social services for the District of Columbia's senior population, who are 60 years of age and older. DCOA's overarching goal is to promote longevity, independence, dignity, and choice for seniors. DCOA helps seniors remain in the community for as long as possible through programs and services that include: Alzheimer's services; adult day care; emergency shelter; group homes; in-home support; long-term option counseling; nutrition counseling; wellness centers; mental health referrals; assisted living; home delivered meals; legal services; recreation/socialization; employment; and respite care services.

DCOA's last comprehensive needs assessment was completed in 1978. Many of DCOA's present programs and services were developed as a result of that assessment. The senior population has changed since 1978 and today's seniors have a different level of engagement than seniors of the past. To meet the demands of the newly aging population, DCOA believes it is necessary to develop long-range plans that address the social and health needs of the newly aging population while continuing to creatively deal with the needs of the current senior community.

## Study purpose.

The purpose of this study was to conduct an assessment to identify the needs of seniors, persons living with disabilities, and caregivers in the eight wards of the District of Columbia. This report is intended to enable DCOA, policymakers, and stakeholders to understand met needs and unmet needs of the target populations to allow the provision of updated programs and services.

The objectives of the District of Columbia Senior Needs Assessment were to:

- Identify community needs, assets, and gaps in services;
- Identify met and unmet service needs of those seniors currently engaged and not engaged in DCOA services and programs;
- Provide descriptive analysis of clinical, behavioral, cultural, and social needs; and
- Provide citywide and ward-based recommendations setting priorities for program planning and decision making activities.

## Study methodology.

### *Objective.*

The objective of our sampling approach was to obtain adequate coverage of the population of seniors and persons living with disabilities being serviced in the District of Columbia's eight wards and to provide a sampling methodology for our needs assessment survey. It was imperative to establish our sampling methodology around several factors including available methods of communication, population distribution within the wards, and demographic distribution for the following groups:

- Persons living with disabilities;
- Senior caregivers;
- Lesbian, Gay, Bisexual and Transgender (LGBT);

- Hispanics or Latinos; and
- Asian and Pacific Islanders.

***Basis.***

The determination of the sampling methodology was based on three factors: (1) obligation to sample 1% of the population of seniors to decrease sample variance, (2) survey a needs assessment of best practices and, (3) blended judgmental and statistical sampling. Calculations for statistical sampling is based on the population size, confidence level, tolerable deviation, expected deviation, and the distribution of seniors among the wards and corresponding zip codes. A blended approach of judgmental and statistical sampling was used to ensure active coverage of all wards and related demographics. The steps in the methodology were as follows:

1. Determination of method of communication;
2. Stratification of population by wards, zip codes and demographic data; and
3. Determination of sample sizes based on steps 1 and 2.

*Step 1 – Determination of method of communication.*

The first step was to make a determination of our sampling approach based on the reliability of the method of communication with the population of seniors. Our methods of communication were as follows:

- Mail – 5,000 samples;
- Telephone calls – 2,950 samples;
- Focus groups – 109 samples;
- Site visits – 411 samples ; and
- Key informants – 26 samples.

*Step 2 – Stratification of population by wards, zip codes, and demographics.*

The second step was to stratify the available population of seniors by ward and make weighted sample selections so that all wards and corresponding zip codes could be properly represented in the overall 1% agreed upon. This was accomplished by using the most recent available census data, 2010 U.S. Census for the District of Columbia, which contained the percentage of senior distribution by ward. This distribution can be seen in Table 2 below:

**Table 2: Distribution of Seniors by Ward**

| Ward | Number | Percentage of Total |
|---|---|---|
| 1 | 8,091 | 8.2 |
| 2 | 9,914 | 10.1 |
| 3 | 16,146 | 16.4 |
| 4 | 16,049 | 16.3 |
| 5 | 15,530 | 15.8 |
| 6 | 11,095 | 11.3 |
| 7 | 13,183 | 13.4 |
| 8 | 8,504 | 8.6 |
| TOTAL | 98,512 | 100.0 |

*Step 3 – Determination of sample sizes.*

The third step was to determine the number of samples needed from a given ward in order to adequately represent 1% of the population requested by DCOA. The following statistical attributes was used to determine sample sizes:

- Expected deviation: 0%
- Tolerable deviation: 2%
- Population size: “variable”
- Confidence level: 95%

In addition to statistical sampling, and due to the dynamic nature of the methods of communication available, judgmental sampling was used to compensate for unexpected outcomes such as unanswered or inadequate phone calls, non-respondent mail, forum and site visit drop-outs, and finally non-respondent key informants.

A total of 1,140 individuals responded to the survey. The distribution of survey respondents by Ward is demonstrated in Table 3 below:

**Table 3: Distribution of Survey Population by Ward**

| Ward | Number of Respondents | Percentage of Total Respondents |
|---|---|---|
| Ward 1 | 99 | 8.6% |
| Ward 2 | 124 | 10.8% |
| Ward 3 | 93 | 8.1% |
| Ward 4 | 227 | 19.7% |
| Ward 5 | 174 | 15.1% |
| Ward 6 | 262 | 22.8% |
| Ward 7 | 48 | 4.2% |
| Ward 8 | 58 | 5% |
| Total Respondents | 1085 | 94.3% |
| Skipped Respondents | 65 | 5.7% |

## Review of the Major Study Components

Several tools were used to create a complete picture of the needs of seniors (60 years and older), persons living with disabilities (ages 18-59), and seniors that are caregivers. The needs assessment consisted of key informant sessions, focus groups, telephone interviews, and written surveys. Target populations were sampled from each of the eight wards in the District of Columbia. Demographic characteristics and population projections were compiled using the 2010 U.S. Census.

### Key informant sessions.

Two key informant sessions were facilitated. The purpose of the key informant sessions was to explore the needs of seniors, persons living with a disability, caregivers, special populations among providers of services, and key stakeholders that serve the target populations. The average size of the key informant sessions was 13 participants, as well as the facilitator and a scribe. A summary of each key informant session is included in *Appendix E: Key Informant Summaries*.

### Focus groups.

Eight facilitated focus groups were held. The purpose of these groups was to gather in-depth information about the needs of special populations identified by DCOA. A facilitator and a scribe were provided to conduct and accurately capture the views and opinions of participants. Focus groups were held for the following groups:

- Wards 1 and 4;
- Wards 2 and 3;
- Wards 5 and 6;
- Wards 7 and 8;
- LGBT;

- Persons living with a disability;
- Hispanic or Latino; and
- Asian and Pacific Islander.

Due to the aggressive timeline, ward-based focus groups were consolidated based on proximity. The average size of the focus group was 19 individuals. All sessions were tape-recorded.

Areas of discussion included:

- In-home service needs;
- Transportation;
- Caregiving;
- Adult day care services;
- Elder abuse, neglect, and financial exploitation;
- Employment;
- Case management;
- Wellness;
- Nutrition; and
- Health care.

Summaries of each focus group are included in *Appendix C: Focus Group Summaries*.

### Surveys of seniors, persons living with a disability, and senior caregivers.

#### *Long survey.*

*Instrument development.*

The long survey, developed in partnership with DCOA, contained 49 questions. The 2004 *Strengths and Needs Assessment of Older Adults in the Denver Metro Area* (Hayden et al., 2004) was used as a reference for the survey instrument.

Topics included:

- Demographic information;
- Knowledge of programs and services;
- Quality of life;
- Socialization/Recreation;
- Nutrition counseling/home delivered meals;
- Wellness;
- Transportation;
- Security; and
- Caregiving support.

*Data collection.*

The long survey was conducted via site visits to various living facilities and wellness centers throughout the city's eight Wards. Fifteen site visits were conducted over a period of two weeks. A total of 411 long surveys were obtained.

***Short survey.***

*Instrument development.*

Due to concern about the length of the long survey, the short survey was developed for use in telephone interviews and mail surveys. It was developed in partnership with DCOA and contained 22 questions. All questions on the short survey were incorporated from the long survey.

Topics included:

- Demographic information;
- Knowledge of programs and services;
- Security;

- Transportation;
- Quality of life; and
- Wellness.

*Data collection.*

The short survey was utilized for the telephone interviews and mail survey campaign. Telephone interviews were conducted over a period of 10 days.

A list of contact information for District of Columbia residents age 60 and older was purchased from a direct mail fulfillment service. A quota system was used to ensure the sample consistently reflected the proportion of seniors living in all eight wards of the District of Columbia. Mail surveys were mailed via the direct mail fulfillment service on September 20, 2011. Included with the mail survey was a business reply envelope requiring no postage. At the time of the report, 334 short surveys out of 5,000 were received via mail, a 6.68% rate of response. A total of 729 short surveys were obtained via telephone and mail study methods.

### Survey of community resources.

#### *Community resource inventory survey.*

*Instrument development.*

The Community Resource Inventory survey was developed with the collaboration of DCOA. This survey was designed to identify community resources and to assess the capacity of providers that serve seniors, persons living with disabilities, and senior caregivers.

*Data collection.*

The Community Resource Inventory was sent electronically to 178 public and private providers of senior services throughout the District using the web-based survey tool Survey

Monkey. Service providers and community resources were identified by DCOA as well as by community members from key informant sessions and focus groups.

The resource inventory survey was available to providers for two weeks. Twenty resource inventory surveys were obtained using the web-based survey tool.

## Study Limitations

Needs assessments are extremely useful tools for determining the value of available services and identifying gaps in service delivery; however, there is no assessment at this level of importance and complexity that can be conducted that is without some limitations.

A major constraint was time allocated to conduct the initial data collection of the needs assessment. Best practice research estimates that the timeframe normally considered necessary to conduct a needs assessment of similar size and scope is four to six months. The assessment process is typically conducted in four phases; planning, data collection, data analysis and findings, and reporting. Each phase requires careful consideration of the goals, objectives, and implementation strategies to ensure that desired outcomes can be attained. For example, in the planning phase, sufficient time must be allotted to ensure that all key stakeholders and outreach strategies are identified to obtain the desired level of community participation and incorporated in the plan to allow adequate stakeholder and community notification and inclusion.

The initial period of performance requested to complete the initial data collection of the needs assessment was August 3, 2011 – September 30, 2011. All survey tools were developed and initial data was collected during this time period. Additional time was allowed to reach the 1% target population and data was collected through October 6, 2011. Additional deliverable dates are as follows:

| **Deliverable** | **Deliverable Date** |
|---|---|
| Initial Data Gathering Phase | August 18, 2011 – September 22, 2011 |
| Data Gathering Complete | October 6, 2011 |
| 1st Draft Report | October 18, 2011 |
| 2nd Draft Report | October 28, 2011 |

| Deliverable | Deliverable Date |
|---|---|
| Initial Final Report | January 31, 2012 |
| Initial Report Presentation | March 1, 2012 |
| Community Presentation #1 | July 6, 2012 |
| Community Presentation #2 | July 13, 2012 |
| Report Refinement | July 13 – August 14, 2012 |
| Final Report | September 5, 2012 |

Another constraint was the diverse nature of the target audiences that consisted of: (1) senior subpopulations with unique needs, such as the LGBT community where stigma can impact full engagement; (2) seniors with English as a Second Language (ESL) and other unique cultural characteristics that can hinder the opportunity for full participation; (3) persons living with a disability (ages 18-59) that can require unique logistical challenges to ensure that most of the recognized disabilities are addressed through the assessment; and (4) senior caregivers, an emerging population where more than three in 10 U.S. households (31.2%) report that at least one person has served as an unpaid family caregiver within the past 12 months for the survey period.

Additionally, in some minority communities, the ability to gain trust requires multiple opportunities for interactions. Time constraints, under these circumstances can greatly impact the data collection activities as well as the desired outcomes.

The use of two survey instruments was also a study limitation. Due to time constraints, a short version of the survey was developed to maximize respondent participation to meet the 1% sample of the target population for telephone interviews and mail surveys. The short survey does not allow identical analysis for all data elements which can limit the final results.

Finally, the 5.8 magnitude earthquake that occurred on August 23, 2011 interrupted a focus group activity underway and forced rescheduling for the following day which resulted in very limited participation.

# Profile of Targeted Populations

## Seniors (age 60 and older)

This section discusses findings from the 2010 U.S. Census, as well as other secondary sources. For the purposes of this report, persons 60 and older are considered the senior population. Where possible, we present findings for seniors age 60 and older. However, for some areas we present data for seniors 65 and older because this is the age segment often reported by the U.S. Census Bureau. In addition, we compare national data to the District of Columbia data.

A report by the U.S. Department of Health and Human Services Administration on Aging [AoA] (2010), concluded that the senior population age 65 and older is the fastest growing population in the United States. The U.S. Census Bureau (2010) pointed out that "the aging of the [senior] population will have wide-ranging implications for the country" (Introduction section, par 3.). In order to prepare for future aging populations, cities across the U.S. will need to understand the changing demographics of seniors. Additionally, cities and states will need to better understand the cost implications of the additional services that will be required to adequately meet their needs.

### Current demographics of the senior population.

Key national demographic findings among the senior population age 65 and older are:

- Older women outnumber older men at 31.6 million to 25.4 million.
- In 2010, 22.3% of persons ages 60 and older were minorities. Nine percent were African-American. Persons of Hispanic origin (who may be of any race) represented 7.3% of the older population. About 3.7% were Asian or Pacific Islander and less than 1% were American Indian or Native Alaskan. In addition, less than 1% of persons ages 60 and older identified themselves as being of two or more races and 1.6% of persons ages 60 and older identified themselves as being "other" race.

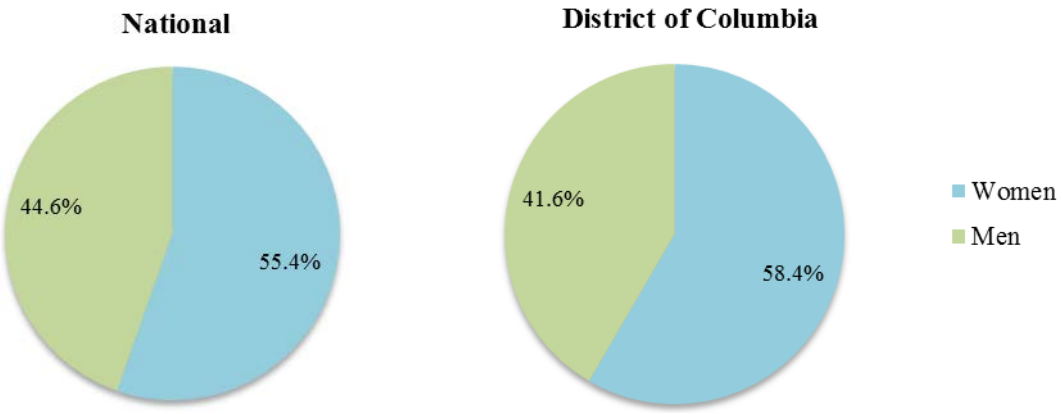
- Approximately 40.2% seniors live alone.
- The 65 years and older population will increase from 35 million to 55 million by 2020.
- The 85 years and older population is projected to increase from 4.2 million to 6.6 million by 2020.
- Minority populations are projected to increase from 5.7 million to 12.9 million by 2020 (23.6% of the elderly).
- The median income of persons ages 65 and older in 2010 was estimated to be $34,381, after adjusting for inflation.
- The major sources of income as reported by older persons in 2008 were Social Security (reported by 87% of older persons), income from assets (reported by 54%), private pensions (reported by 28%), government employee pensions (reported by 14%), and earnings (reported by 25%).

***Age and gender.***

Women live longer than men and therefore they make up the majority of the senior population (Jacobsen, Kent, Lee, Mather, 2011, p. 3). In the United States in 2010, there were 31.6 million (55.4%) senior women ages 60 and older and 25.4 million (44.6%) senior men ages 60 and older (U.S. Census Bureau, 2010).

In comparison, in the District of Columbia, there were 57,423 (58.4%) senior women ages 60 and older and 41,089 (41.6%) senior men ages 60 and older, which equals a gender ratio of 71.6 males per 100 females (U.S. Census Bureau, 2010). Figure 1 graphically depicts the ratio of women to men, showing the similarities of genders nationally and in the District of Columbia.

**Figure 1: National vs. District of Columbia Comparison of Senior Men and Women**

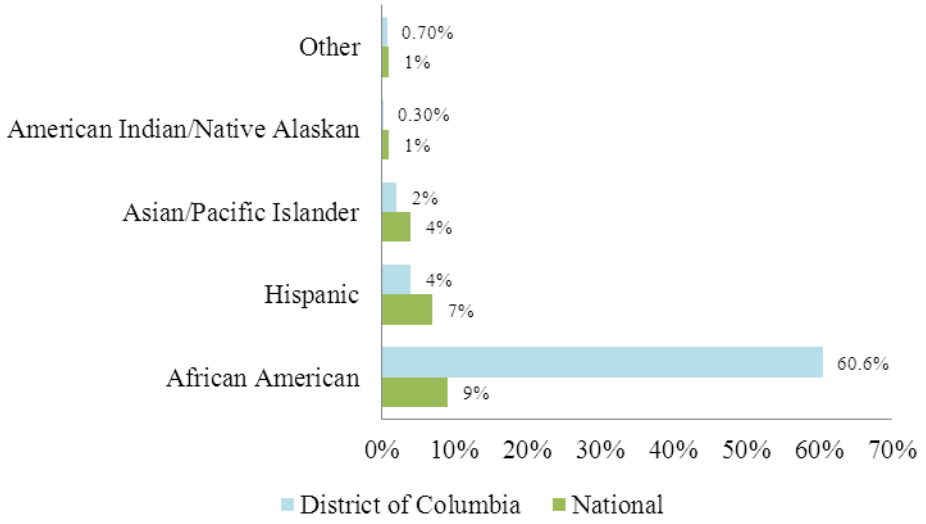



***Race and origin.***

In 2010, it was estimated that in the U.S. approximately 22.3% of the senior population were minorities. The distribution of the minority senior population was 9.0% African American, 7.3 % Hispanic (who may be of any race), 3.7% Asian, 1.6% other race, less than 1.0% mixed and less than 1.0% was American Indian or Native Alaskan (U.S. Census Bureau, 2010).

In comparison, in the District of Columbia, it was estimated that approximately 69% of the senior population were minorities. The distribution of the minority senior population in 2010 was 60.6% African American, 4.0% Hispanic, 2.2% Asian, less than 1% was other race, 1.7% mixed and less than 1% American Indian and Native Alaskan. Furthermore, it was estimated that 78% of the senior population were naturalized citizens whereas 21% were not U.S. citizens (U.S. Census Bureau, 2010). Figure 2 graphically depicts the racial composition of seniors in the District of Columbia.

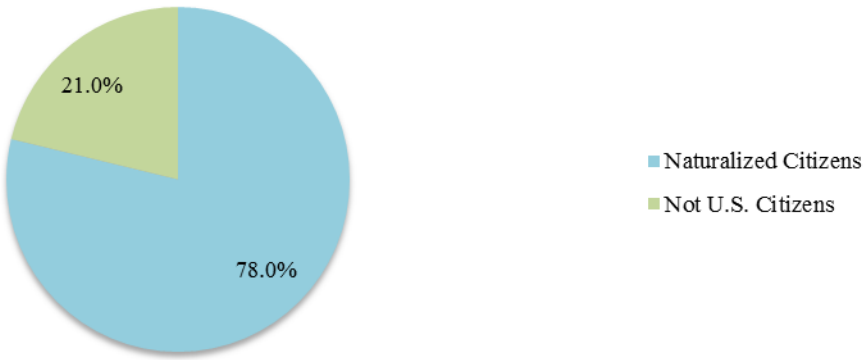
**Figure 2: District vs. National, Distribution of the Minority Senior Population**




Source: U.S. Census Bureau, 2010

Figure 3 graphically depicts the citizenship status of seniors in the District of Columbia.

**Figure 3: Citizenship of Seniors in the District of Columbia**




Source: U.S. Census Bureau, 2010

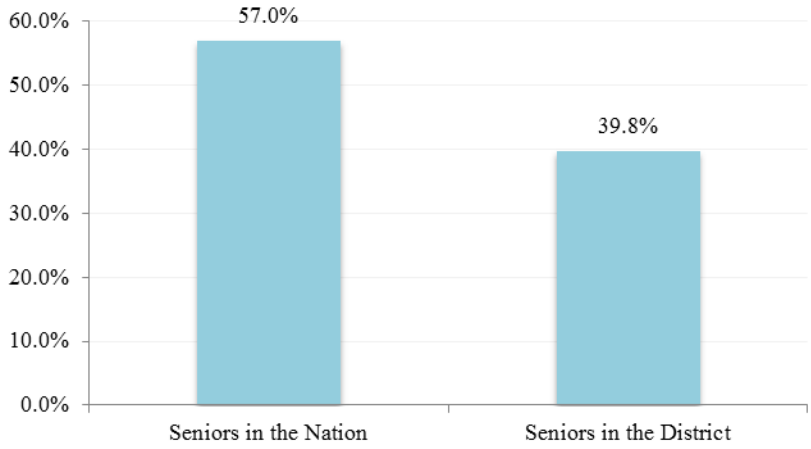
***Living arrangement.***

The living arrangement of seniors is important because it is closely correlated to their quality of life (Jacobsen, et Al., 2011). In the U.S. in 2010, the majority of seniors (57%) lived in

a family household with a spouse, relative, or female as the head of the household. Nearly, 40.2% of seniors lived alone (U.S. Census Bureau, 2010).

By comparison, the vast majority of seniors (56.2%) lived alone in the District. Data estimated that 39.8% of seniors lived in a family household with a spouse, relative, or female as the head of the household. In addition, about 7.8% of seniors 65 and older lived in group quarters such as nursing homes (U.S. Census Bureau, 2010). Figure 4 graphically depicts seniors living in family households nationally and in the District of Columbia.

**Figure 4: Seniors Living in Family Households, National vs. District of Columbia**




Source: U.S. Census Bureau, 2010

***Rent vs. own.***

In the United States in 2010, nearly 80% of all seniors owned their homes. A smaller proportion (21%) lived in rented homes. Approximately 28% of senior homeowners spent more than 30% of their income on housing costs. About 53% of senior households spent more than 30% of their income on rent. The median gross rent was estimated to be $721 (U.S. Census Bureau, 2010).

In the District of Columbia, approximately 59.9% of all seniors owned their homes. Approximately 40.1% of seniors lived in rented homes (U.S. Census Bureau, 2010). The median income of senior homeowners age 65 and older was $57,570 in comparison to $19,290 for senior

renter households (American Association of Retired Persons [AARP], Public Policy Institute 2011). Approximately 29.2% of senior homeowners spent more than 30% of their income on housing costs. About 50.3% of senior households spent more than 30% of their income on rent. The median gross rent was estimated to be $801 (U.S. Census Bureau, 2010).

***Annual income.***

In 2010, in the United States, data showed that the median income of seniors was estimated to be $34,381, after adjusting for inflation (U.S. Census Bureau, 2010). A report by the U.S. Census noted that there was no major change in income for seniors age 65 and older between 2009 and 2010 (p. 9).

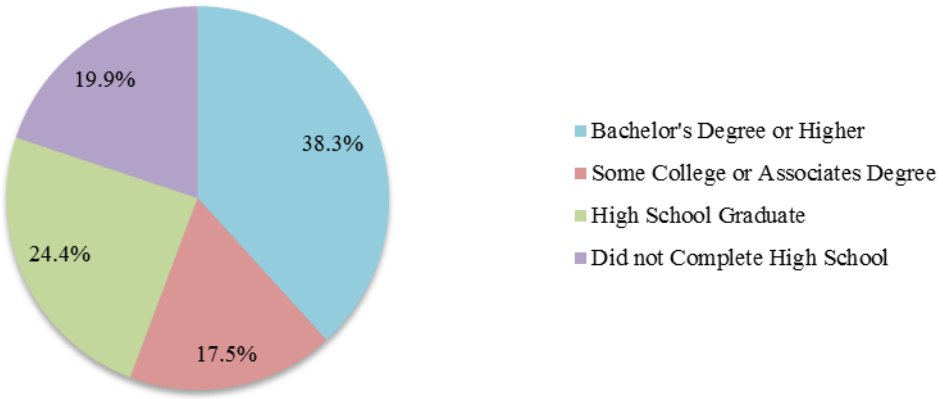
In comparison, in the District of Columbia, data showed that the median income for seniors 65 and older was estimated to be $41,128, after adjusting for inflation (U.S. Census Bureau, 2010).

***Education.***

Estimates for the U.S. for 2010 showed that about 24% of seniors held a bachelor's degree or higher. A similar proportion of approximately 24.2% of seniors attended college and may have earned an associate's degree. An additional 32.5% are high school graduates and the remaining 19.3% did not graduate from high school (U.S. Census Bureau, 2010).

In comparison, estimates for the District of Columbia showed that about 38.3% of seniors held a bachelor's degree or higher. Approximately 17.5% of seniors attended college and may have earned an associate's degree. An additional 24.4% are high school graduates and the remaining 19.9% did not graduate from high school (U.S. Census Bureau, 2010). Figure 5 shows the education level of seniors in the District of Columbia.

**Figure 5: Education Level of Seniors in the District of Columbia**




***Employment.***

Due to the economic downturn many seniors are staying in the work force longer. Therefore, labor participation among the senior population will increase. Estimates for the United States for 2010 showed that about 7.5 million seniors age 65 and older were working or seeking employment (U.S. Census Bureau, 2010). A report by the AoA (2010) noted that the labor force participation has increased for both senior males and females (p. 12).

Estimates for the District of Columbia showed that about 16,865 seniors age 65 years and older were working or seeking employment (U.S. Census Bureau, 2010).

***Health insurance coverage.***

Estimates for the United States for 2010 showed that in the non-institutionalized male group ages 65-74; 9.9 million seniors have insurance coverage. The numbers decline with age, dropping to 6.9 million for the 75 and older age group. In the non-institutionalized 65-74 female age group, 11.4 million seniors have insurance coverage. The numbers drop slightly with age to 10.4 million for the 75 and older age group. Also, about 9.6 million seniors that are 65 and older have only one type of health insurance coverage such as employer based, direct purchase, Medicare and TRICARE/military. About 29.1 million seniors that are 65 and older have two or

more types of health insurance coverage. In addition, a small proportion of seniors (387,104) do not have any type of insurance coverage. The number of seniors that do not have any type of insurance coverage increased from 1.7% in 2009 to 2.0% in 2010 (U.S. Census Bureau, 2011, p. 25). In addition, the AoA (2010) reported that "about 86% of non-institutionalized Medicare beneficiaries in 2007 had some type of supplementary coverage. Among Medicare beneficiaries residing in nursing homes, over half (62%) were covered by Medicaid" (p. 13). Furthermore, a report by the U.S. Census reported that "Medicare increased in 2010 to 14.5 percent and 44.3 million" (p. 24).

In comparison, estimates for the District of Columbia showed that in the non-institutionalized 65-74 male age group, 15,821 seniors have insurance coverage. The numbers declined with age, dropping to 10,577 for the 75 and older age group. In the non-institutionalized 65-74 female age group, 20,849 have insurance coverage. The numbers drop slightly with age to 19,466 for the 75 and older age group. Also, about 14,329 seniors that are 65 and older have only one type of health insurance coverage such as employer based, direct purchase, Medicare and TRICARE/military. About 51,869 seniors that are 65 and older have two or more types of health insurance coverage. In addition, a small proportion of seniors (919) do not have any type of insurance coverage (U.S. Census Bureau, 2010).

### Projections of the senior population.

According to the AoA (2010), the nation's senior population will grow faster than any other segment of the total population. Much of this growth is attributed to the baby boomer generation, individuals born between 1946 and 1964. This generation will reach age 65 between 2011 and 2030. The nation's senior population will more than double between 2000 and 2030, growing from 35 million to 72.1 million. The 85 and older population will increase faster than

the other senior groups between 2009 and 2020, growing from 5.6 million to 6.6 million. The District of Columbia's senior population was projected to grow to 75,626 (17.4%) by 2030. However, in 2010, the senior population had grown to 98,512.

The AoA (2010) noted that the minority population will accelerate as well between 2000 and 2020; growing from 5.7 million, which represents 16.3% of the senior population, to 12.9 million which represents 23.6% of the senior population. By 2030 the Caucasian population age 65 years and older will increase by 59% compared to 160% for older minorities; including Hispanics (202%); African-Americans (114%); American Indians, Eskimos, and Aleuts (145%); and Asians and Pacific Islanders (145%).

From the projections provided by AoA, it is evident that the demographic landscape of America will change in the future. In order to prepare for the aging population, the shift in demographics among seniors should be the driving force for local, state and federal government's decision making as they seek solutions to the changing demographic landscape.

## Persons Living With a Disability (Ages 18-59)

### Introduction.

In seeking to identify the prevalence of persons living with disabilities among the District of Columbia's population, it was first necessary to define the term "disability." Since "disability" can be narrowly or broadly defined and there is no single universally accepted definition, for the purpose of this report, the definition of a disability as defined by the Americans with Disability Act of 1990 (ADA) will be used. Under the ADA, an individual is considered to have a disability if the person: "has a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or being regarded as having such impairment".

The most frequently applied framework of disability comes from Saad Nagi (1969). This framework views disability as difficulty performing socially expected activities such as work for pay, and explicitly recognizes the interaction of the environment and pathologies/impairments to cause disabilities. The ADA rests upon the Nagi framework. In this framework, the disability process is represented by the movement through four interrelated stages: pathology, impairment, functional limitation, and disability.

### Current demographics of persons living with a disability.

In 2010, according to statistics, a work related limitation was reported by an estimated 8% of civilian non-institutionalized men and women ages 18-64 across the nation. By comparison an estimated 7.9% of the civilian non-institutionalized men and women ages 18-64 in the District of Columbia reported a work limitation. Similarly, comparisons of the actual numbers of disability prevalence in the U.S. (15,175,000 out of 189,692,000) versus in the District of Columbia (33,000 out of 416,000) showed the same ratio of civilian non-

institutionalized men and women reporting a work limitation as approximately one in 13 (von Schrader, Erickson & Lee, 2010).

The American Community Survey (ACS), a continuous data collection effort conducted by the U.S. Census Bureau, uses six questions to identify the population with disabilities. Below are the disability questions used in the 2008 ACS:

1. **Hearing Disability** (asked of all ages): Is this person deaf or does he/she have serious difficulty hearing?
2. **Visual Disability** (asked of all ages): Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
3. **Cognitive Disability** (asked of persons ages 5 or older): Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
4. **Ambulatory Disability** (asked of persons ages 5 or older): Does this person have serious difficulty walking or climbing stairs?
5. **Self-Care Disability** (asked of persons ages 5 or older): Does this person have difficulty dressing or bathing?
6. **Independent Living Disability** (asked of persons ages 15 or older): Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

The prevalence of disability among non-institutionalized people across the U.S. vs. the District of Columbia can be demonstrated in the following characteristics: age; gender; race; employment; income; health insurance coverage; and veterans' service-connected disability.

For the purpose of this report, the primary data relevant to age and to the role of DCOA relative to disabilities is non-institutionalized individuals of working ages 21-64.

***Age.***

In 2008, the prevalence of disabilities across the U.S. was 10.4% among persons aged 21-64 compared to 8.9% for the District of Columbia. (Erickson, Lee, & von Schrader, 2010).

***Gender.***

The prevalence of disabilities across the U.S. for ages 21-64 in terms of overall percentage was slightly higher among males than females. Males reporting one or more disabilities was 10.5%; the prevalence of U.S. women aged 21-64 reporting one or more disabilities was 10.4%, (Erickson et al., 2008).

By comparison, the prevalence of disabilities in the District of Columbia among women ages 21-64 was higher than for males. As noted by Erickson et al. (2008), the percentage rate of females in the District of Columbia reporting a disability was 9.8%. The prevalence for males ages 21-64 in the District of Columbia reporting one or more disabilities was 7.8% as exhibited by Erickson et al. (2010).

***Race.***

Table 4 shows the prevalence of disabilities by race across the U.S. compared to the District of Columbia for the population of working-people ages 21-64 years (Erickson et al., 2010). Native Americans have the highest prevalence of disabilities nationally and African Americans have the highest prevalence of disabilities in the District of Columbia.

**Table 4: Prevalence of Disabilities by Race across the US vs. the District of Columbia.**

| RACE | U.S. Prevalence | District of Columbia Prevalence |
|---|---|---|
| African American | 14.3% | 14.5% |
| Caucasian | 10.2% | 3.5% |
| Hispanic or Latino Origin | 8.4% | 4.2% |
| Asian | 4.6% | 2.7% |
| Native American | 18.8% | 12.6% *(sample size less than 40)* |
| Some other Race | 9.8% | 3.4% |

**Source: von Schrader, Erickson & Lee (2010)**

***Employment.***

The employment rate of U.S. working-age non-institutionalized people (ages 21-64) with any disability was 39.5% compared to the employment rate of the same population (working-age people with any disability) in the District of Columbia at 33.1% as revealed by Erickson et al., (2010). Key variables include:

a. **Actively Looking for Work:** The percentage of U.S. working-age people (ages 21-64) with disabilities who were not working but actively looking for work was 8.7%; whereas, during this same period, the percentage of District of Columbia residents with disabilities actively looking for employment was 10.2% (Erickson et al., 2010).

b. **Full-time/Full-Year Employment:** In 2008, the percentage of the U.S. working-age non-institutionalized population ages 21-64 with disabilities working full-time/full-year was 25.4%; whereas, during the same period the percentage in the District of Columbia was 22.4% (Erickson et al., 2010).

***Income.***

c. **Annual Earnings:** For U.S. households with any working age non-institutionalized people with disabilities, the median annual income was $35,600. By comparison, $40,700 was the median annual earnings of working-age non-institutionalized people age 21-64 with disabilities working full-time/full-year in the District of Columbia (Erickson et al., 2010).

d. **Annual Household Income:** In 2008, the median annual income in the U.S. of households that include any working-age people with disabilities was $39,600 *(household income was unavailable for persons living in group quarters).* By comparison, during the same period (2008) the median income of households in the District of Columbia with any working-age people with disabilities was $30,100 (Erickson et al., 2010).

e. **Poverty:** The U.S. poverty rate of working-age non-institutionalized people with disabilities in 2008 was 25.3%. By comparison, in the District of Columbia in 2008, the poverty rate of working-age non-institutionalized people (21-64) with disabilities was 32.9%. (Erickson et al., 2010).

f. **Supplemental Security Income (SSI):** The overall U.S. percentage in 2008 of non-institutionalized working-age people with disabilities receiving SSI payments was 17.7%. By comparison, the percentage of the District of Columbia's working-age people in 2008 with disabilities receiving SSI payments was 21.2% (Erickson et al., 2010).

***Education.***

Table 5 shows educational levels of working-age non-institutionalized persons living with disabilities in the U.S. compared to the District of Columbia in percentages (Erickson et al., 2010).

**Table 5: Education Levels of People with Disabilities Nationally vs. the District of Columbia**

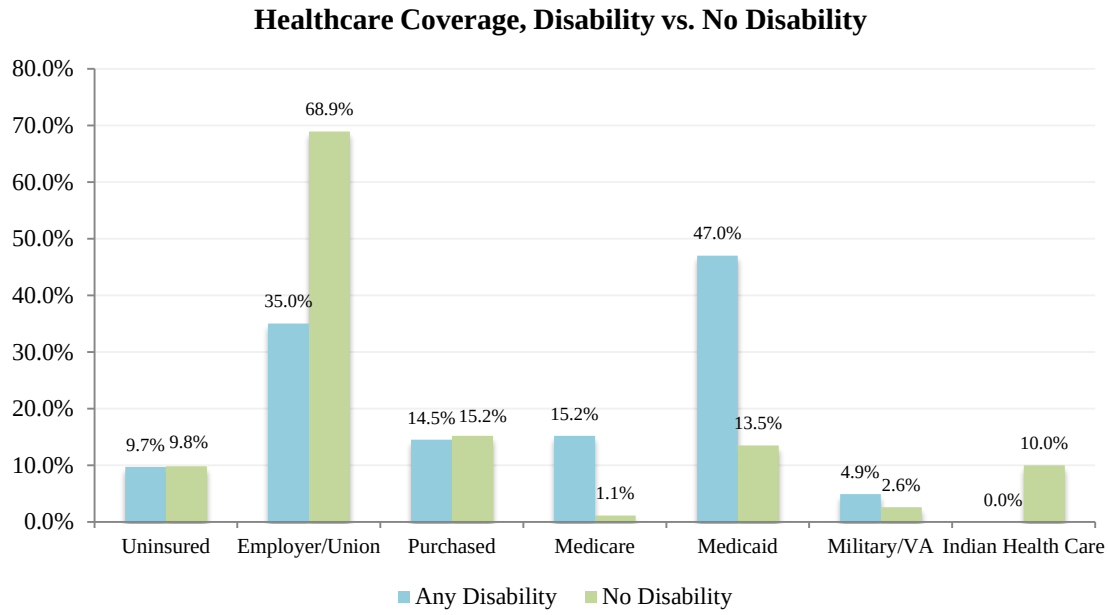
| Education Level | United States Prevalence | District of Columbia |
|---|---|---|
| High School Diploma | 34% | 31.7% |
| Some College/Associate's Degree | 29.7% | 24.7% |
| Bachelor's Degree or More | 12.3% | 18.3% |

**Source: Erickson et al. (2010)**

***Health insurance coverage.***

In 2008, 81.8% of working-age (21-64) non-institutionalized people with disabilities had some type of health insurance coverage. In the District of Columbia, 90.3% of working-age non-institutionalized people with disabilities had some type of health insurance coverage. Figure 6, as adopted by Erickson et al. (2010), shows the types of health insurance coverage of non-institutionalized working-age people (21-64) by disability status in the District of Columbia.

**Figure 6: Percentages of Types of Health Insurance Coverage**




**Source: Erickson et al. (2010)**

***Veterans' service-connected disability.***

In 2008, there were 16.9% working-age (21-64) veterans across the U.S. with a service connected disability (defined as a result of disease or injury incurred or aggravated during military service as determined by Veterans Affairs). By comparison, 14.7% working age veterans aged 21-64 in the District of Columbia had a service-connected disability (Erickson et al., 2010).

## Senior Caregivers

### Current demographics of senior caregivers.

***Introduction.***

By 2030, it is estimated that there will be more than 70 million Americans aged 65 and older; and the number of Americans aged 85 and older, the fastest growing age group in the United States, is expected to triple (Super, 2002). As the population of older Americans increases, so will their need for assistance with activities of daily living (ADL) and long-term health care.

The senior caregiver population is an emerging population in terms of identifying the number of senior caregivers in the population and determining their needs and contributions to society as a whole. Because of this emerging population, many organizations and municipalities are beginning to focus their efforts to better understand the senior caregiver.

For the purposes of this senior needs assessment, a caregiver is a person (spouse, family member, friend, significant other, neighbor) over the age of 60 that is unpaid and provides assistance for a senior or person living with disabilities who is limited in their ability to perform self-care and unable to perform some or all daily activities.

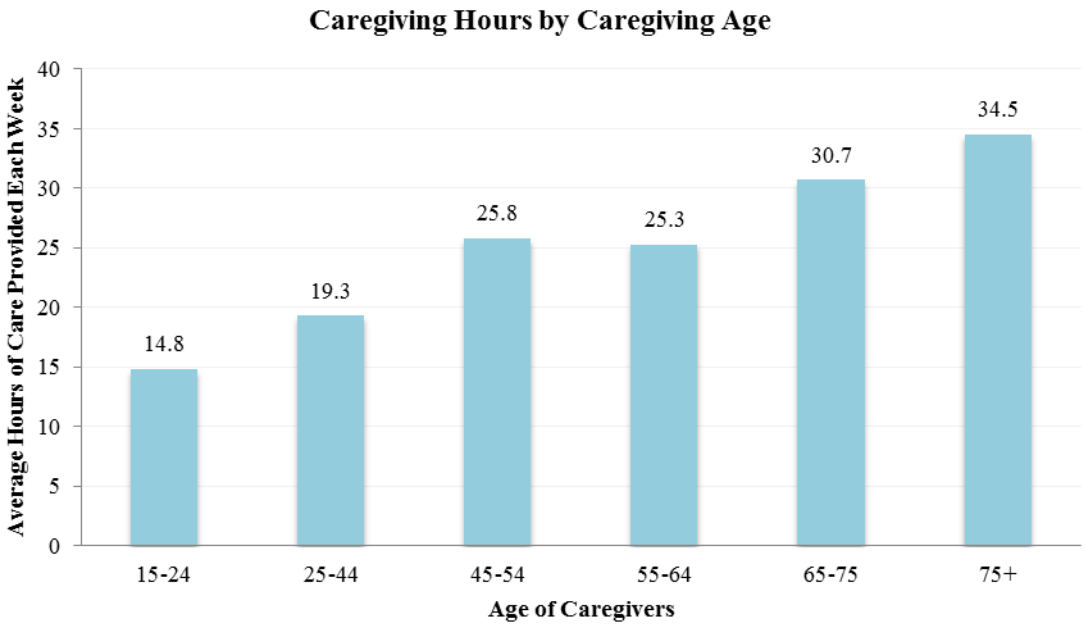
In 2009, it was estimated that approximately 65.7 million people in the U.S. have served as unpaid caregivers. More than three in 10 U.S. households (31.2%) report that at least one person has served as an unpaid family caregiver within the last 12 months; leading to an estimate of 36.5 million households with a caregiver present (National Alliance for Caregiving and AARP, 2009).

In 2009, it was reported that the average caregiver in the U.S. was a 46-year-old woman working outside of the home and providing 20 hours or more a week of unpaid care to a relative,

(AARP Public Policy Institute, 2008). As the age of seniors needing long-term care increases, the age of their caregivers is also increasing. The average age of those caring for someone age 65 and older is 63 years old (National Alliance for Caregiving and AARP, 2009). In 2009, the National Alliance for Caregiving and AARP reported that the average age of caregivers in the United States has increased from 46.4 years in 2004 to 49.2 years in 2009. It was also reported that the average age of care recipients has increased from 66.5 years in 2004 to 69.3 years in 2009, demonstrating the trend of increased age among both caregivers and care recipients.

Caregivers spend an average of 18.9 hours per week in their caregiving role, although the hours dedicated to caregiving increases with the age of the caregiver (Family Caregiver Alliance, 2011).

**Figure 7: Hours Dedicated to Caregiving by Age of Caregiver**




**Source: Partnership for Solutions (2004)**

The majority of caregivers are unpaid family and friends and services range from bill payment, transportation to medical appointments (Super, 2002). Very few caregivers receive

formal training; 78% of caregivers feel they need more assistance and access to information about specific caregiving topics such as keeping their care recipient safe at home, managing stress levels and finding activities to do with their care recipient (National Alliance for Caregiving and AARP, 2009). As the baby boomer generation continues to age, the need and demand for informal caregivers will also increase. Factors such as reduced fertility, increased divorce rates and more women in the workforce will play a role in the availability of informal caregivers and the ability of these caregivers to provide care.

***Age and gender.***

Due to a decline among caregivers under the age of 50, there is an increasing trend among caregivers between the ages of 50 and 64. The average age of caregivers is 48 years of age. The average age of those caring for someone who is 50 years and older, is between 50 and 64. Many caregivers of seniors are themselves older and of those caring for someone over the age of 65, one third of these caregivers reports fair to poor health, (National Alliance for Caregiving and AARP, 2009). Table 6 shows the age of the predominant care recipient by the age of the caregiver.

**Table 6: Age of Predominant Care Recipient by Age of Caregiver**

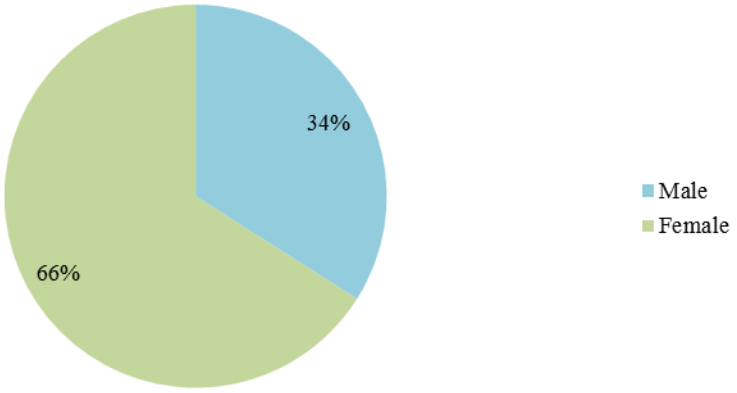
| Caregiver Age | 18 to 49 | 50 to 64 | 65 and older |
|---|---|---|---|
| **Average Recipient Age** | 52.8 | 69.4 | 69.5 |
| **Recipient 0 to 17** | 21% | 7% | 6% |
| **Recipient 18 to 49** | 15% | 12% | 13% |
| **Recipient 50 to 74** | 35% | 17% | 29% |
| **Recipient 75 +** | 29% | 63% | 53% |

**Source: National Alliance for Caregiving and AARP, 2009**

Currently, more women than men serve as informal caregivers; however, caregiving is no longer just a women's issue. As socio-demographic factors change in the U.S., and the number

of women in the labor force continues to increase, the number of male caregivers will increase in the coming years. Figure 8 demonstrates the percentage of caregivers by gender.

**Figure 8: Percentage of Caregivers by Gender**

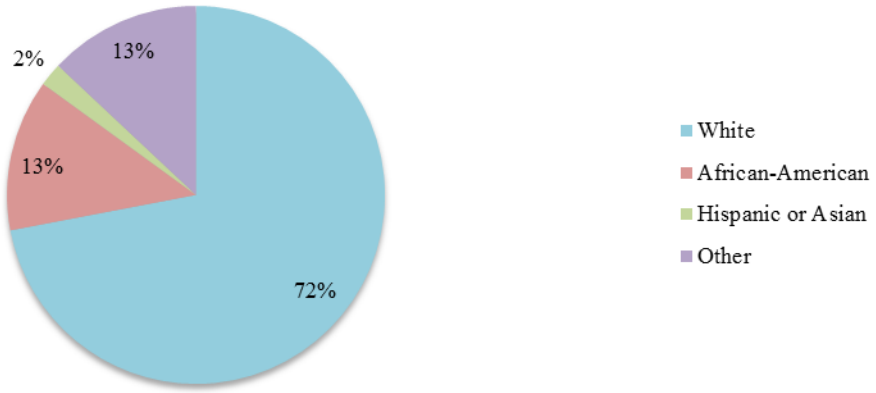



**Source: MetLife, 2011**

***Race and origin.***

The prevalence of caregiving differs among racial and ethnic groups. Although the overall number of caregivers is greatest for Caucasian households, the highest prevalence of caregivers within race/ethnic communities is Hispanic or Latino households, followed by African-Americans and Asian Americans. Figure 9 graphically depicts the composition of caregivers by race/ethnicity.

**Figure 9: Percentage of Caregivers by Race/Ethnicity**




**Source: Caregiving in the U.S., 2009**

Table 7 depicts the prevalence of caregivers by race/ethnicity, demonstrating that Hispanics, followed by African Americans, Caucasians and Asian Americans have the highest prevalence of caregivers.

**Table 7: Prevalence of Caregivers by Race/Ethnicity**

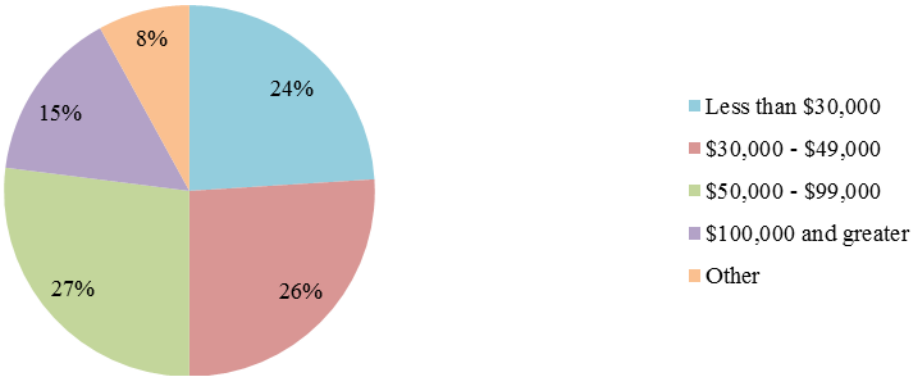
| Race/Ethnicity | Prevalence | Estimated number of Households with Caregivers |
|---|---|---|
| Hispanic | 36.1% | 4.8 million |
| African-American | 33.6% | 4.7 million |
| Caucasian | 30.5% | 25.2 million |
| Asian-American | 20.0% | 4.8 million |

**Source: Caregiving in the U.S., 2009**

***Annual income.***

The median household income for a caregiver providing care to a person 50 years and older is $38,125 (National Alliance for Caregiving and AARP, 2004). Caregivers often share not only their time, but often times contribute financially to the care of their recipient. Primary caregivers spend an average of $232 per month on their care recipient. Figure 10 depicts the income levels of caregivers by percentage.

**Figure 10: Percentage of Level of Income of Caregivers**

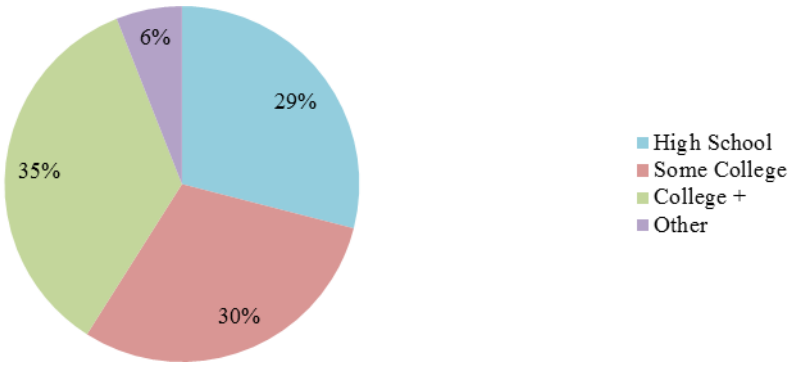



**Source: National Alliance for Caregiving and AARP, 2004**

***Level of education.***

The level of education is nearly equally distributed among caregivers who have completed high school, have some college experience and graduated from college. Research shows that the level of education and annual income positively correlates among caregivers. Forty-two percent (42%) of high school graduates that are caregivers report an annual income of $30,000 or less. Among caregivers that are college graduates, 36% report an annual income of $100,000 or more (National Alliance for Caregiving and AARP, 2009). Figure 11 represents the level of education of caregivers.

**Figure 11: Education Level of Caregivers**

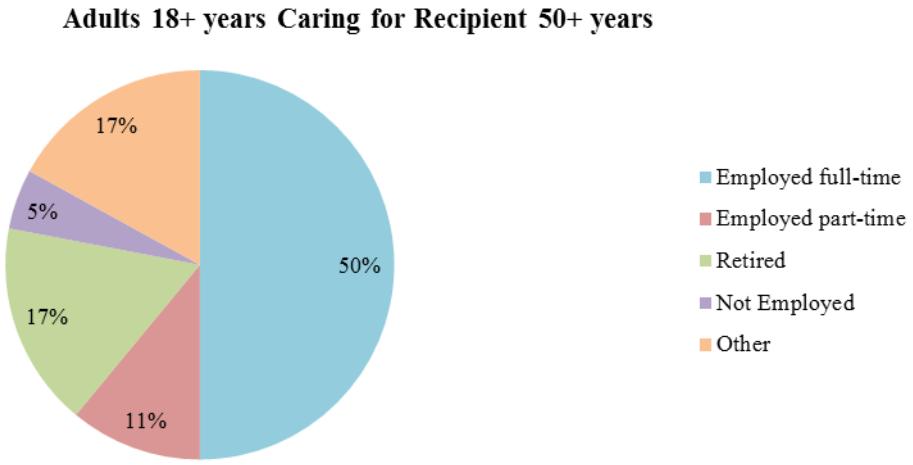



**Source: National Alliance for Caregiving and AARP, 2004**

***Employment status.***

The majority of adult caregivers are employed. Due to the aging demographic profile and the increased demand for care as a result of the increased burden of chronic diseases, many people in the workforce are dealing with the demands of work and caring for a loved one at home (Coughlin, 2010). As the number of seniors and their caregivers in the U.S. continues to increase, the impact of informal caregiving will be widely felt across all levels of demographic and socioeconomic characteristics (National Alliance for Caregiving, 2011). Figure 12 depicts the percentage of caregivers by employment status.

**Figure 12: Percentage of Caregivers by Employment Status**




**Source: Family Caregiving Alliance, 2011**

## Projections of senior caregivers.

As the first wave of baby boomers reaches age 65 in 2011, the need for caregiving is expected to increase. By 2030, the number of Americans over the age of 65 will increase from 12.4% (35.1 million) of the population to 19.6% (71.5 million), thus supporting the argument that the demand for caregivers of seniors and persons living with a disability will increase (Coughlin, 2010). Demographic trends including smaller family sizes and increased divorce rates will also play a role in the availability of caregivers to provide care for these populations. Based

on reports from the National Family Caregivers Association, the number of prospective family caregivers will decrease from 11 in 1990 to an estimated four in 2050 per individual needing care (National Family Caregivers Association, 2000).

While the number of caregivers is expected to decrease over the years, the economic cost of caregiving continues to grow. The estimated economic value of unpaid caregiver contributions was approximately $375 billion in 2007, up from $350 billion in 2006 (AARP Policy Institute, 2008). Recognizing that unpaid caregivers are a vital part of the long-term care delivery system and economy will increasingly play a role in policy development, programs and initiatives to support this paramount population.

As a possible result of the 2008 recession and tight budgets in American households, the use of paid aids and housekeepers declined from 41% in 2004 to 35% in 2009. With limited affordable respite care, persons taking on the role of caregiver may become emotionally stressed and see a decline in their own health. Seventeen percent of caregivers feel that their own health has gotten worse as a result of their caregiving, while 31% of caregivers consider their caregiving role to be emotionally stressful (National Alliance for Caregiving and AARP, 2009).

***Conclusion.***

As the demographics in the senior population change, so will the demographics of the caregiver population. Unpaid caregivers provide a large portion of long-term services and thus are an important component of the U.S. economy. The needs of caregivers must be identified and addressed locally and nationally with thoughtful and meaningful tools to provide support, both emotionally and financially.

## Special Populations

### Lesbian, Gay, Bisexual and Transgender.

At the time of the 2010 Census, the District of Columbia, along with Connecticut, Iowa, Massachusetts, New Hampshire and Vermont had issued marriage certificates to same-sex couples. In May of 2008, the California Supreme Court ruled to allow same-sex couples the right to marry, but in November 2008, a ballot initiative overturned the ruling. In addition, there were three states that recognized same-sex marriages granted by other states (Maryland, New York, and Rhode Island), but did not perform same-sex marriages in their states.

While the census does not include population specific data on LGBT individuals, data is available relative to a number of other characteristics.

#### *Living arrangements.*

The 2010 U.S. Census data showed, same-sex couple households nation-wide totaled less than 1% of all households that are same-sex couple households. Whereas, in the District of Columbia, there were 2%, same-sex couple households. Additionally, there were 552,620 same sex unmarried partner households in the United States, representing .473% households, compared to the 4,161 same sex unmarried partner households in the District of Columbia, representing little over 1.5% (U.S. Census Bureau, 2010).

When comparing same-sex couple households among states, the District of Columbia had the highest percentage of all same-sex couple households, (2%). The closest state was Vermont with 1.09%, followed by Massachusetts at 1.02% (U.S. Census Bureau, 2010).

#### *Behavioral factors.*

The 2008 District of Columbia Behavioral Risk Factor Surveillance System (BRFSS) Annual Report confirmed that when asked about sexual orientation, 5% indicated homosexual,

2% bisexual and 1% indicated other. The report found that males (8%) were more likely than females (2%) to be homosexual. Females (81%) were more likely than males (78%) to be heterosexual and bisexual.

### Hispanic or Latino.

The Hispanic or Latino population accounted for more than half the growth in the total population of the U.S. between 2000 and 2010. During this period, Hispanic population growth increased by 15.2 million, accounting for over half of the 27.3 million increase in the overall U.S. population. This was a growth rate four times faster than the U.S population (U.S. Census Bureau, 2010). In the 2010 Census it was estimated that 7.3% of the senior population in the U.S. were Hispanics or Latinos, whereas in the District of Columbia, 4.0% were Hispanics or Latinos (U.S. Census Bureau, 2010).

#### *Employment.*

According to national employment data, there were 2,868,339 Hispanic or Latino men and women aged 65 years and older nationwide. Of this total, approximately 83% were neither in the labor force or employed. Looking more closely at the data, out of the 1,187,802 Hispanic or Latino men, 78% were not in the labor force or employed. Additional data showed that of the 259,834 men in the labor force, 89% were employed (U.S. Census Bureau, 2010).

Also, looking at Hispanic or Latino women, there were 1,620,537 aged 65 years and older nationwide though 89% were not in the labor force. Of the 173,770 Hispanic or Latino women aged 65 years and older that were in the labor force, 91% were employed (U.S. Census Bureau, 2010).

U.S. Census data specific to the District of Columbia related to senior Hispanics or Latinos, estimates there were 2,769 men and women in the District of Columbia aged 65 years

and older. However, estimates showed that 64% of this population were not in the labor force or employed. Additionally, it was reported that 93% of the senior Hispanic or Latino men were employed and 19% of senior Hispanic or Latino women were employed. Notable however, and similar to the national trend, a large number of Hispanic or Latino men and women ages 65 years and older in the District of Columbia are not in the labor force and therefore not employed (U.S. Census Bureau, 2010).

***Health insurance coverage.***

Estimates showed that 95% of the U.S Hispanic or Latino senior population 65 years and older were insured. In addition, estimates showed that about 7% of Hispanic or Latino seniors 65-74 years and older were uninsured and for seniors 75 years and older, about 4% were uninsured. In 2010, U.S. Census data showed that 89% of Hispanics or Latinos ages 65-74 reported having health insurance. Also 91% Hispanics or Latinos ages 75 and older reported having health insurance (U.S. Census Bureau, 2010).

### Asian and Pacific Islander.

U.S. Census data is only available on age and gender for the Asian and Pacific Islanders. The Office of Management and Budget [OMB] defined Asian as people with origins in the original people of the Far East, Southeast Asia, and the Indian subcontinent. These populations represent Asian Indians, Chinese, Filipino, Japanese, Korean, Vietnamese, and other Asians. In the 2010 U.S. Census, it was estimated that 3.7% of the senior population in the U.S. were Asians. However, the 2010 U.S. Census data showed that the Asian population represented only 2.2 % of the District of Columbia's population (U.S. Census Bureau, 2010).

In addition, it is estimated that Native Hawaiian or other Pacific Islanders alone or in combination represent less than 1% of the senior U.S. population while interestingly it is

estimated that there are no Native Hawaiian or other Pacific Islanders in the District of Columbia (U.S. Census Bureau, 2010).

# Peer Comparison

## The District's Unique Status

The government of the District of Columbia is a unique jurisdiction when compared to other medium sized city governments in close proximity. The District of Columbia serves its residents as a city, county and state government depending on the type of service provided. The District of Columbia is also distinct from the states because there are no local units or subdivisions of government within the District of Columbia. For the purposes of the receipt and the provision of federal aging grant program funds under the OAA, the District government is designated as the SUA and DCOA is the District government agency that has been designated as the AAA. This allows the District government, through DCOA, to provide services to residents over the age of 60 and to meet their needs in a way that ensures residents a much higher level of independence.

## The Methodology

A number of cities were considered for peer comparison based on their size and other characteristics that made them similar in some key aspect to the District of Columbia. As a result of collaborating with DCOA, a final determination was made to review the aging and senior services programs in Baltimore, Maryland; Atlanta, Georgia; Columbus, Ohio; and Richmond, Virginia. In each of these cities, the city government provides some senior services, but another entity also provides key senior services or provides the vast majority of the senior services to the city's residents. In Richmond, there is only one full-time employee (FTE) devoted to the provision of senior services. In Richmond, Columbus, and Atlanta, a regional consortium of counties and/or cities is designated as the AAA and provides most senior services.

Table 8 and Table 9 compare DCOA to its peer cities and their services. Table 8 compares DC's budget, number of FTEs, age of seniors being served, its population, and its senior population to Baltimore, Atlanta, Columbus and Richmond's. As mentioned earlier, the District of Columbia is designated as both the SUA and AAA. Whereas in most other jurisdictions, the SUA is designated by the state and the AAA is designated by the OAA. The second matrix (see Table 9) shows DCOA's services as compared to the peer city's AAA.

**Table 8: Peer Cities Comparison Matrix**

| Peer Cities: | Washington, DC | Baltimore, MD | Atlanta, GA | Columbus, OH | Richmond VA |
|---|---|---|---|---|---|
| **Area Agency on Aging** | DCOA | Commission on Aging and Retirement Education (CARE) | Atlanta Regional Commission | Central Ohio Agency Area on Aging | Senior Connections, Inc. |
| **FTEs** | **39.5** incl. 19.5 local, 8 federal grant and 12 Intra-District funded | **77** incl. Senior Centers, Advocacy & Supportive Care, Administration, Assistive & Directive Care and Senor Education | NOT AVAILABLE | NOT AVAILABLE | **1** FTE |
| **Budget** | $23,934,499 (FY 2011) | $11,585,450 (FY 2011) | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE |
| **Age of Seniors** | 60+ | 60+ | 60+ | 60+ | 55+ |
| **Population** | 601,723 (2010) | 620,961 (2010) | 420,003 (2010) | 787,033 (2010) | 204,214 (2010) |
| **Senior Population** | 98,512 (2010) | 110,961 (2000) | 71,301 (2000)(55+) | 63,316 (2000)(65+) | 50,772 (2010) |
| **Lead Agency** | Y | Y | N | N | N |
| **SERVICES** | | | | | |
| **Transportation** | ✓ | ✓ | | | |
| **Wellness Centers** | ✓ | ✓ | | ✓ | ✓ |
| **Adult Day Care** | ✓ | ✓ | | | |
| **Alzheimer's Services** | ✓ | | | | |
| **Caregiver Support** | ✓ | ✓ | | | |
| **Case Management** | ✓ | ✓ | | | |
| **Counseling** | ✓ | | | | |
| **Emergency Shelter** | ✓ | | | | |
| **Employment** | ✓ | ✓ | | | ✓ |
| **Group Homes** | ✓ | | | | |
| **Group Mid-Day Meals** | ✓ | | | | |
| **Health Insurance Counseling** | ✓ | ✓ | | | |
| **Home Delivered Meals** | ✓ | | | | |
| **In-Home Support** | ✓ | | | ✓ | ✓ |
| **Legal Services** | ✓ | | | | |
| **Long-Term Care Ombudsman** | ✓ | ✓ | | | |
| **Multipurpose Senior Centers** | ✓ | | | | |
| **Nursing Homes** | ✓ | | | | |
| **Nutrition Counseling** | ✓ | | | | ✓ |
| **ADRC-One-Stop Resource Center** | ✓ | ✓ | | | ✓ |
| **Recreation and Socialization** | ✓ | | | | |
| **Respite Aid Services** | ✓ | | | | ✓ |

**Table 9: Peer Designated Service Provider Comparison Matrix**

| Designated Service Providers | Washington, DC | Baltimore County, MD | Atlanta Regional Commission | Central Ohio Agency Area on Aging | Senior Connections (VA) |
|---|---|---|---|---|---|
| **Area Agency on Aging** | DCOA | AAA | AAA for Fulton County, GA | AAA for Delaware, Licking, Fairfield, Fayette, Franklin, Madison, Pickaway and Union counties | AAA for Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent and Powhatan, and Richmond, VA |
| **FTEs** | **39.5** incl. 19.5 local, 8 federal grant and 12 Intra-District funded | **273** FTEs incl. 153 (full-time) and 178 (part-time) | NOT AVAILABLE | NOT AVAILABLE | NOT AVAILABLE |
| **Budget** | $23,934,499 (FY 2011) | $17,660,598 (FY 2011) | NOT AVAILABLE | NOT AVAILABLE | $6,037,188 |
| **Age of Seniors** | 60+ | 60+ | 60+ | 60+ | 55+ |
| **Population** | 601,723 (2010) | 805,029 (2010) | 920,581(2010) | 1,163,414 Franklin (2010) | 1,002,156 (2010) |
| **Senior Population** | 98,512 (2010) | 140,313 (2000) | 160,671 (2005)(55+) | NOT AVAILABLE | 171,644 (Ages 60+) |
| **Lead Agency** | Y | Y | N | Y | Y |
| **SERVICES** | | | | | |
| **Transportation** | ✓ | ✓ | ✓ | | |
| **Wellness Centers** | ✓ | ✓ | ✓ | | ✓ |
| **Adult Day Care** | ✓ | | ✓ | | |
| **Alzheimer's Services** | ✓ | | ✓ | ✓ | |
| **Caregiver Support** | ✓ | ✓ | | | ✓ |
| **Case Management** | ✓ | ✓ | ✓ | | ✓ |
| **Counseling** | ✓ | | | | |
| **Emergency Shelter** | ✓ | | | | |
| **Employment** | ✓ | ✓ | | | ✓ |
| **Group Homes** | ✓ | | | ✓ | |
| **Group Mid-Day Meals** | ✓ | ✓ | | | ✓ |
| **Health Insurance Counseling** | ✓ | ✓ | | | ✓ |
| **Home Delivered Meals** | ✓ | ✓ | ✓ | | ✓ |
| **In-Home Support** | ✓ | ✓ | ✓ | ✓ | |
| **Legal Services** | ✓ | ✓ | ✓ | | ✓ |
| **Long-Term Care Ombudsman** | ✓ | ✓ | | ✓ | |
| **Multipurpose Senior Centers** | ✓ | ✓ | | | |
| **Nursing Homes** | ✓ | | | | |
| **Nutrition Counseling** | ✓ | | ✓ | ✓ | |
| **ADRC-One-Stop Resource Center** | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Recreation and Socialization** | ✓ | ✓ | | | |
| **Respite Aid Services** | ✓ | | | | |

# Best Practices

A comprehensive review of best practices in government sponsored or operated senior programs shows a variety of programs DCOA may consider as it seeks to redesign and/or enhance current programs to address the needs of the changing senior population. Whereas the peer comparison shows that DCOA already has a wide array of existing programs, DCOA recognizes that these programs may be improved by adopting some of the best practice standards being used in other jurisdictions. This section provides a range of best practices across a broad spectrum of senior services.

## Background

This report provides a broad range of affordable and accessible senior program services that are being successfully implemented across the nation. For most of the programs proposed, success was a result of cooperation with legislators, government officials, community service providers, citizen volunteers, and seniors where the appropriate menu of services was identified. Some of the successful approaches focused on:

- Examining senior services program budgets (services that can be paid for now);
- Looking at what is a necessary senior service (services that should exist based on community need);
- Examining the wish list (what seniors and community service providers want); and
- Determining how the proposed senior service programs rate on a comparative basis (what do other jurisdictions provide).

In addition to the factors above, some jurisdictions gave great significance to the comprehensive planning needs for community neighborhoods to facilitate the infrastructure to provide greater support to the growing needs of seniors.

Another key element in the community planning process is "walkability." Walking, like bike riding, promotes health, but is a more realistic option for seniors. According to the Maryland Department of Aging (2009), guidelines for walkability include:

- Local services and resources within a five-minute walk of residential neighborhoods or within a five minute walk from public transportation;
- Pedestrian-friendly designs, including wide sidewalks on both sides of the street with buffers between sidewalks, trees to provide shade, and narrower streets to dissuade speeding;
- On-street parking allowed; and
- Safer street crossings, including curb cuts at cross walks, clear signage at crosswalks for both pedestrians and motorists, extended times of crossing signals to provide adequate crossing time, locating crosswalks at intersections with traffic lights, and adequate stop signs.

While best practices among senior services can be categorized by their potential impacts, their ultimate effect is closely tied to government action or inaction in the areas of health care, proper nutrition, transportation services, public safety and financial exploitation, housing availability, employment opportunities for working seniors, civic engagement programs, aging in place programs, caregivers and respite care options, the incidence of senior domestic abuse, and overall senior program policy issues.

The National Association of Area Agencies on Aging, [n4a] (2011), highlighted the results of a survey and noted that, best practices similar to the following can produce positive outcomes as communities prepare for the projected increases in their aging populations due to the impacts of baby boomers:

- Utilizing "one-stop" senior service information centers as a means of assisting seniors and others in identifying resources;

- Volunteer programs that can extend the benefits of any senior program effort particularly for caregivers and respite care;
- Identifying and responding to the needs of underserved groups and special populations when these groups call for different types of approaches or services;
- Government action in the areas of favorable zoning changes and tax relief can benefit seniors as they try to age in place;
- Make training resources available to benefit the full range of government agencies and programs that can be useful to seniors;
- Identify and use research programs at universities to develop innovative senior services programs;
- Widely publicize senior services especially utilizing free media such as television, radio, print, or the internet;
- Initiate intergenerational conversations to develop sensitivity among young people for senior care issues and develop sensitivity among seniors for the issues affecting youth; and
- Create innovative transportation programs that benefit seniors.

## Best Practices

### One-stop information centers.

Seniors and persons living with disabilities need specialized, quick access to useful information. The Just1Call program in Mecklenburg County, North Carolina allows seniors and adults with disabilities to utilize a one-stop information center to access comprehensive information and assistance, assessment of need, resource coordination, advocacy, linkage to services and products, and follow-up. Just1Call employs social workers with bachelor's and master's degrees to answer the phones and talk seniors and persons living with disabilities through the problem-solving process. Just1Call also links senior citizens, persons living with disabilities, families and caregivers, and service providers to needed services. The extensive database for this program is jointly maintained by Just1Call and the United Way of Central Carolinas as part of a public private partnership (Baskins & Eleazer, 2004). Important to note is DCOA's Aging and Disability Resource Center (ADRC) that serves as one-stop information center for seniors and persons living with disabilities.

### Volunteer networks.

A new concept for aging communities, the Senior Village model, is an emerging trend in neighborhoods and communities. Member-based neighborhood networks help seniors remain in their homes as they age by creating "aging-friendly communities" and overlaying services and community participation (Cohen, 2011).

Cohen (2011) further explained the village model concept by using a community in the heart of Boston, Massachusetts as an example.

In the "Beacon Hill Village Model," residents (typically age 50+) live in a community joined together to form a nonprofit organization providing "concierge services," one-stop

shopping for transportation, home-care, house maintenance, medical, and care-management services. Typical membership fees are $500 to $1,000 per person or household per year, with mature villages offering reduced-fee subsidized memberships for people who cannot afford the full fees.

Memberships include basic transportation for shopping and excursions, and regular social events. Additional trips and services are usually offered on a fee-for-service basis, with membership discounts. Other activities include publishing newsletters and hosting communal events to create a better sense of community and develop "affinity groups" for those with shared interests.

Network operators screen service providers, using their leveraged group-buying power to attain quality service with member discounts.

### Underserved and special populations.

Underserved and special populations often have unique needs that require specialized programs and services to bring them into the continuum of care. Placing homeless seniors into housing facilities can dramatically lower health care costs for these seniors. It was reported that seniors “who have experienced repeated or extended stays of a year or more on the street or in temporary shelter and have a disability, constitute about 10% of the homeless population and consume more than half of the homeless resources. Over a five year period, a cohort of 119 street dwellers accounted for an astounding 18,384 emergency room visits and 871 medical hospitalizations. The average annual health care cost for individuals living on the street was $28,436 compared to $6,056 for individuals in the cohort who obtained housing” (Massachusetts Housing and Shelter Alliance, 2010, p. 2).

### Zoning and tax relief for "aging in place."

n4a (2011) stated that communities and governments should assist seniors through the provision of tax assistance and provide relief to those in most financial need. MetLife cited New London, Connecticut for providing property tax relief, through a privately funded entity, to a selected group of senior women who met the established guidelines as well as providing assistance for seniors in completing their tax forms. In addition, a referral and assistance program operated by a senior citizens center assisted seniors with applying for rent and utility bill assistance. Other local government taxation and finance programs offered reduced and waived sanitation and sewer fees, housing tax credits, tax work-off programs for senior volunteers, and a financial exploitation team.

In another example from n4a (2011), the suburban community of Stratham, New Hampshire developed an overlay zone called Affordable Senior Housing. This allows seniors in certain areas of town to downsize their residence and stay within their community. Developers of these new sites must provide legal assurance that the new properties will be affordable. The community also defines "elderly affordable" in the Multi-Family Housing section of its zoning code.

Fort Collins, Colorado offered a senior tax work-off program that gave seniors the opportunity to work on tasks specified by city and county agencies allowing seniors to have all or part of their property tax liability eliminated. While the initial tasks were mostly clerical duties, the program grew to include highly professional tasks as well. Participants are also able to earn credit for his or her taxes at the minimum wage rate and can earn as much as the tax liability in the county program (U.S. Department of Health and Human Services, 1987).

### Training programs.

Special effort is needed to help seniors continue to drive safely. n4a (2011) reported that to maintain driver safety, communities should offer driving assessments and training to help older adults remain on the road as safely as possible.

It is also important for local jurisdictions to appropriately train police, fire, Emergency Medical Services (EMS) personnel to serve seniors and persons living with disabilities. Public safety personnel and first responders should be trained to properly address the specialized needs of older adults and ensure that those needs are met in community disaster plans.

As reported at the South Carolina Best Practices Conference, collaboration between hospitals and universities can be used to educate county and nearby residents on successful aging using a three part program. Beginning with part one, hospital and medical staff are educated on geriatric topics allowing staff to earn certificates for completing the 11-session program. In part two, seniors are educated during retreats and sessions on how to age successfully. Lastly in part three of the programs, working professionals are offered an opportunity to obtain a Gerontology Certificate or a master's degree in Health Sciences with a major in gerontology where students design a research project that can be implemented in the community. A key element of the program is a weekly radio show that provides useful information on successful aging and community information sessions and additional resources (Baskins & Eleazer, 2004).

### Publicity and outreach efforts.

In looking to provide better outreach to seniors, seniors themselves can also be used to provide community outreach services. In Omaha, Nebraska senior volunteers were trained to provide outreach services with service and referral information on aging services that were available. These seniors lived in the neighborhood where they volunteered and knew their

neighbors. They visited other homebound seniors in their homes and received a much better reception than a government official. Churches, local senior clubs and the media were the primary sources of recruitment for the program (U.S. Department of Health and Human Services, 1987).

### Intergenerational programs.

Providing opportunities for intergenerational partnerships can benefit both the seniors and the students. In South Carolina, programs match freshman medical students with a healthy community senior for experience using modules and geriatric assessments. This approach allowed the medical student to develop a healthy attitude about caring for seniors and gain useful community and social knowledge. These encounters may also encourage the student to focus their studies on gerontology and geriatric care thus enhancing the network of physicians that specialize in caring for senior patients (Baskins & Eleazer, 2004).

The Maryland Department of Aging (2009), reported adults 55 and older helped improve the educational outcomes for children in grades K-3 by spending a minimum of 15 hours a week working under the direction of classroom teachers during the school year. Fifteen to 20 adults were placed in each school and focused on subjects including reading, writing, language, and math. In addition, the older adult may help with library use, behavior, health promotion, improving student attendance, and parental involvement. This program's impact on its senior participants was evaluated in a Washington University Center for Social Development study which found that the program helped the mental and physical health and functions of the seniors involved when compared to similar non-participating seniors.

### Health.

Access to affordable health care and preventive health care are key issues for seniors. If both affordable health care and preventive services are widely provided, the potential limitations that seniors face in conducting ADLs can be minimized. In Danville, Virginia volunteers and partnerships have helped the city routinely conduct health screenings at 23 separate locations including restaurants, grocery stores, shopping malls, and pharmacies. A schedule of screenings is published by the city and the city provides for residents to receive screenings such as blood pressure, body mass index (BMI) and referrals. Other cities provide mobile and stationary screenings for foot care, eye care, comprehensive wellness, and hearing (n4a, 2011).

In Florida, a program entitled Senior Centers on the Move! provides healthy living fairs hosted by senior centers in conjunction with local businesses and health care providers. These fairs focus on concerns about depression among seniors, bone density, blood pressure, and oxygen level. Flu shots were also provided (Department of Elder Affairs, State of Florida 2006).

### Transportation.

The Independent Transportation Network (ITN) is a non-profit based community that provides paid and unpaid volunteers to drive seniors to their destinations; as well as 24-hour access to transportation services. Eligible seniors include those over age 65 and visually disabled, who cannot drive themselves. The community is funded by AARP, the Transportation Research Board, the Federal Transit Administration, the National Highway Traffic Safety Administration, and other donors. A necessary component of the program involves shared rides and advance planning (Baskins & Eleazer, 2004).

# Needs Assessment Findings

## Overview

As the demographics of seniors, persons living with disabilities, and caregivers change in both the U.S. and the District of Columbia, the particular needs of these groups will have to be addressed. These populations have different health concerns that vary based on age, race/ethnicity, income, and other demographic characteristics. Discussions with service providers, focus groups, as well as surveys within the community shed light on a number of issues that seniors now face and will be facing in the future. The key findings and issues of concern that arose from the assessment activities were focused on the following focus areas:

- Wellness and quality;
- Safety;
- Socialization and recreation;
- Case management and option counseling;
- Health and mental health;
- Home health/in-home support;
- Nutrition;
- Food security;
- Home delivered and congregate meals;
- Transportation;
- Employment;
- Caregiving and respite;
- Medicaid/Medicare;
- Assisted living and housing placement; and
- Legal services.

Findings for each of these focus areas are discussed in the following section, where applicable.

## The Challenges of Everyday Life for Older Adults

### Wellness and quality of life.

#### *Definition and importance.*

The DCOA provides a variety of programs that target the health and wellness of seniors and persons living with a disability. Wellness education programs include nutrition classes, exercise, smoking cessation and other auxiliary activities and are held at wellness centers across the District of Columbia. These programs offer seniors the opportunity to be healthy and engage in building and maintaining relationships. DCOA wellness program activities promote good health habits, enhance the overall wellbeing of targeted populations, help create informed health consumers, and help to prevent unnecessary and costly medical encounters for seniors as well as persons living with a disability.

#### *Descriptive discussion of focus area.*

Focus group participants voiced a number of concerns regarding the issues impacting the quality of life and wellness of seniors. According to participants in all focus groups, many seniors need help performing everyday activities to allow them to remain in their homes. Participants reported the need for assistance with ADLs such as bathing, getting dressed, cooking meals and administration of medications. Other activities requiring assistance included housekeeping, shopping, transportation, and companionship. Activities mentioned most often were: housekeeping, shopping, and administration of medications. The LGBT, Hispanic or Latino, Asian, and persons living with disabilities focus group participants also reported similar issues.

In addition, the majority of participants stated that their health care needs are not being met. Participants cited there is a lack of programs to address loneliness and depression,

transportation, and health care. Issues related to health care, mental health, and transportation will be discussed in more detail throughout the needs assessment findings section of this report.

Also mentioned was the unfriendly or unwelcoming atmosphere at the wellness centers, especially for the LGBT community. In addition, it was noted that it is difficult to get needed information, and the hours of operation are not conducive for working seniors. The Hispanic or Latino, Asian, and persons living with disabilities focus group participants did not cite any specific issues pertaining to the District of Columbia's wellness centers.

Focus group participants made the following recommendations to improve the quality of life for seniors:

- DCOA should create more programs and recreational activities.
- DCOA should extend the hours of operation at the wellness centers so that working seniors have the opportunity to utilize them.
- DCOA should open up wellness centers in every ward.

***Discussion of quantitative analysis.***

The CDC report, *The State of Aging and Health in America*, compares national and District of Columbia against key indicators related to health in adults 65 and older. Table 10 demonstrates this databelow.

**Table 10: Health Status**

| Health Status | Findings | District of Columbia Ranked Nationally | Grade |
|---|---|---|---|
| Physically Unhealthy Days (in months) | 4.5 | 4 | ● |
| Frequent Mental Distress | 4.9% | 7 | ● |
| Oral Health: Complete Tooth Loss | 15.9% | 13 | ● |
| Disability | 38.8% | 42 | ○ |
| No Leisure Time – Physical Activity | 27.8% | 9 | ● |
| Eating ≥ 5 Fruits & Vegetables Daily | 35.6% | 1 | ● |
| Obesity | 22.2 % | 16 | ◒ |
| Current Smoking | 8.9% | 31 | ◒ |

● = Upper Third Nationally (top 33%)
◒ = Middle Third Nationally (middle 33%)
○ = Lower Third Nationally (lowest 33%)

Source: CDC, 2010

**Table 11: Preventive Care**

| Preventive Care | Findings | District of Columbia Ranked Nationally | Grade |
|---|---|---|---|
| Flu Vaccine in Past Year | 67.1% | 43 | ◒ |
| Ever Had Pneumonia Vaccine | 62.1% | 50 | ○ |
| Mammogram Within Past 2 Years | 86.3% | 1 | ● |
| Colorectal Cancer Screening | 70.2% | 10 | ● |
| Cholesterol Checked in Past 5 Years | 94% | 30 | ◒ |

● = Upper Third Nationally (top 33%)
◒ = Middle Third Nationally (middle 33%)
○ = Lower Third Nationally (lowest 33%)

Source: CDC, 2010

Table 12 demonstrates the reported problems faced by respondents over the last 12 months at the time of the survey. Respondents reported their physical health as an overall problem.

**Table 12: Problems Faced by Respondents**

| Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem? | Major Problem | Minor Problem | No Problem | Don't know/NA |
|---|---|---|---|---|
| **Your physical health** | 20.14% | 34.56% | 35.43% | 9.87% |
| **Housing that meets your needs** | 6.59% | 9.01% | 67.83% | 16.57% |
| **Getting the healthcare you need** | 5.43% | 8.43% | 70.83% | 15.31% |
| **Having inadequate transportation** | 7.27% | 11.45% | 66.44% | 14.84% |
| **Feeling lonely, sad or isolated** | 4.55% | 12.69% | 67.54% | 15.21% |
| **Affording your utilities** | 7.95% | 11.15% | 65.86% | 15.03% |
| **Affording the medication you need** | 5.43% | 10.86% | 68.96% | 14.74% |
| **Having financial problems** | 10.76% | 18.99% | 56.40% | 13.86% |
| **Being a victim of crime** | 2.52% | 3.78% | 76.74% | 16.96% |
| **Dealing with legal issues** | 4.36% | 8.44% | 70.42% | 16.78% |
| **Performing everyday activities such as walking or bathing** | 5.53% | 14.85% | 67.18% | 12.43% |
| **Having too few activities or feeling bored** | 4.76% | 14.27% | 66.12% | 14.85% |
| **Providing care for another person** | 3.60% | 5.16% | 67.70% | 23.54% |

In Table 13, the responses to the problems seniors face were compared to respondent characteristics: ward, age, gender, race/ethnicity and level of income. Key findings include:

- Wards 1 and 3 reported the lowest incidence of problems overall and Ward 7 reported the highest incidence of problems.
- Among age groups, persons living with disabilities ages 18-59 reported having the most problems in the past 12 months, while those ages 85-94 reported the most problems among seniors citing physical health as the main problem.
- Females tended to cite more problems overall than males.
- Overall, Caucasians reported the fewest problems. Among minorities, Native American and Pacific Islanders reported the highest percentages of problems followed by blacks or African Americans.
- Among income levels, those earning less than $20,000 experienced more problems than those with higher incomes citing physical health, financial difficulties and performing everyday

activities as greatest problems. In general, fewer problems were experienced by respondents with higher incomes.

**Table 13: Percentage of Major and Minor Problems Seniors Face in the District**

| Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem? | Your physical health | Housing that meets your needs | Getting the healthcare you need | Having inadequate transportation | Feeling lonely, sad or isolated | Affording your utilities | Affording the medication you need | Having financial problems | Being a victim of crime | Dealing with legal issues | Performing everyday activities such as walking or bathing | Having too few activities or feeling bored | Providing care for another person |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ward 1** | 47.9% | 23.3% | 12.3% | 20.5% | 16.4% | 18.1% | 11.0% | 17.8% | 8.2% | 13.7% | 26.0% | 23.6% | 8.5% |
| **Ward 2** | 46.7% | 14.3% | 15.4% | 13.3% | 23.1% | 18.7% | 17.6% | 35.2% | 5.5% | 16.5% | 17.6% | 23.1% | 5.5% |
| **Ward 3** | 48.7% | 6.4% | 6.4% | 2.6% | 10.3% | 7.7% | 12.8% | 20.5% | 3.8% | 10.3% | 8.9% | 12.8% | 7.7% |
| **Ward 4** | 52.6% | 10.2% | 8.8% | 16.7% | 16.3% | 17.2% | 13.5% | 27.0% | 6.5% | 16.3% | 17.2% | 14.0% | 9.8% |
| **Ward 5** | 59.9% | 14.4% | 15.6% | 19.2% | 16.8% | 25.7% | 18.0% | 34.7% | 7.8% | 11.4% | 21.7% | 21.0% | 10.8% |
| **Ward 6** | 59.5% | 19.7% | 14.7% | 22.4% | 19.3% | 18.1% | 17.8% | 33.6% | 5.0% | 12.0% | 25.2% | 19.7% | 7.4% |
| **Ward 7** | 77.8% | 25.0% | 33.3% | 41.7% | 19.4% | 30.6% | 25.0% | 38.9% | 11.1% | 13.9% | 22.9% | 25.7% | 14.3% |
| **Ward 8** | 53.8% | 19.2% | 15.4% | 23.1% | 19.2% | 25.0% | 21.2% | 32.7% | 7.7% | 11.5% | 21.2% | 26.9% | 11.5% |
| **18 to 59 years** | 100.0% | 44.4% | 33.3% | 44.4% | 55.6% | 11.1% | 11.1% | 44.4% | 33.3% | 11.1% | 55.6% | 55.6% | 11.1% |
| **60 to 64 years** | 49.1% | 19.3% | 14.0% | 18.7% | 19.3% | 25.3% | 17.6% | 36.3% | 8.8% | 15.8% | 15.4% | 18.8% | 11.8% |
| **65 to 69 years** | 48.3% | 16.1% | 12.2% | 15.1% | 16.1% | 21.0% | 18.0% | 34.1% | 6.8% | 18.5% | 16.0% | 21.5% | 10.2% |
| **70 to 74 years** | 58.0% | 18.0% | 20.5% | 18.1% | 18.0% | 25.5% | 21.1% | 36.6% | 6.8% | 12.4% | 18.0% | 23.6% | 10.6% |
| **75 to 79 years** | 53.2% | 14.0% | 12.9% | 16.4% | 14.0% | 16.4% | 18.1% | 25.1% | 6.4% | 10.5% | 21.1% | 15.3% | 5.9% |
| **80 to 84 years** | 58.7% | 11.9% | 9.8% | 21.0% | 16.8% | 11.2% | 9.1% | 23.1% | 2.8% | 8.5% | 23.1% | 12.6% | 4.2% |
| **85 to 89 years** | 62.0% | 9.8% | 14.1% | 21.7% | 17.4% | 18.5% | 15.2% | 23.9% | 2.2% | 9.8% | 25.3% | 16.3% | 7.6% |
| **90 to 94 years** | 62.7% | 13.7% | 11.8% | 21.6% | 15.7% | 13.7% | 13.7% | 19.6% | 5.9% | 7.8% | 33.3% | 17.6% | 5.9% |
| **95 years and older** | 46.2% | 7.7% | 0.0% | 23.1% | 15.4% | 7.7% | 7.7% | 7.7% | 7.7% | 7.7% | 46.2% | 23.1% | 15.4% |
| **Male** | 57.6% | 13.4% | 11.4% | 12.7% | 15.9% | 15.2% | 12.9% | 30.9% | 7.8% | 14.5% | 18.8% | 17.8% | 11.2% |

| Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem? | Your physical health | Housing that meets your needs | Getting the healthcare you need | Having inadequate transportation | Feeling lonely, sad or isolated | Affording your utilities | Affording the medication you need | Having financial problems | Being a victim of crime | Dealing with legal issues | Performing everyday activities such as walking or bathing | Having too few activities or feeling bored | Providing care for another person |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Female** | 53.1% | 17.3% | 15.5% | 22.9% | 18.1% | 21.5% | 18.5% | 29.3% | 5.3% | 12.0% | 21.9% | 19.6% | 7.1% |
| **Transgender** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Caucasian** | 48.7% | 7.0% | 5.5% | 7.0% | 12.1% | 6.5% | 7.5% | 21.6% | 7.0% | 12.1% | 7.5% | 11.6% | 7.1% |
| **Black or African American** | 58.1% | 17.6% | 15.5% | 22.0% | 18.5% | 21.9% | 18.2% | 32.4% | 6.1% | 13.0% | 24.4% | 20.5% | 9.4% |
| **Hispanic or Latino** | 26.7% | 13.3% | 6.7% | 13.3% | 33.3% | 20.0% | 26.7% | 13.3% | 0.0% | 13.3% | 20.0% | 33.3% | 13.3% |
| **Asian** | 31.9% | 21.3% | 23.4% | 13.0% | 12.8% | 23.4% | 17.0% | 19.1% | 4.3% | 4.3% | 8.5% | 10.6% | 6.4% |
| **Native Hawaiian or Other Pacific Islander** | 33.3% | 0.0% | 0.0% | 0.0% | 33.3% | 66.7% | 66.7% | 0.0% | 0.0% | 0.0% | 0.0% | 33.3% | 0.0% |
| **American Indian, Alaskan Native** | 85.7% | 28.6% | 14.3% | 28.6% | 42.9% | 14.3% | 14.3% | 57.1% | 14.3% | 42.9% | 14.3% | 42.9% | 0.0% |
| **Other** | 54.2% | 12.5% | 20.8% | 29.2% | 12.5% | 25.0% | 16.7% | 41.7% | 12.5% | 20.8% | 33.3% | 33.3% | 8.3% |
| **Less than $10,000** | 62.7% | 24.8% | 19.4% | 26.4% | 20.6% | 22.6% | 19.1% | 33.3% | 6.7% | 9.2% | 27.4% | 23.6% | 5.7% |
| **$10,000 to less than $15,000** | 60.2% | 21.1% | 18.0% | 23.4% | 24.2% | 24.2% | 21.1% | 44.5% | 5.5% | 16.5% | 36.2% | 31.3% | 11.7% |
| **$15,000 to less than $20,000** | 61.2% | 17.9% | 14.9% | 26.9% | 25.4% | 22.4% | 23.9% | 29.9% | 4.5% | 13.4% | 23.9% | 32.8% | 6.0% |
| **$20,000 to less than $25,000** | 52.1% | 7.0% | 18.3% | 22.5% | 16.9% | 22.5% | 19.7% | 38.0% | 1.4% | 19.7% | 12.7% | 22.5% | 11.3% |
| **$25,000 to less than $30,000** | 50.0% | 5.6% | 13.9% | 8.3% | 13.9% | 30.6% | 25.0% | 30.6% | 16.7% | 11.1% | 16.7% | 8.3% | 13.9% |
| **$30,000 to less than $35,000** | 63.2% | 26.3% | 28.9% | 15.8% | 21.1% | 31.6% | 34.2% | 47.4% | 13.2% | 28.9% | 21.1% | 13.2% | 18.9% |
| **$35,000 to less than $40,000** | 64.3% | 7.1% | 10.7% | 7.1% | 7.1% | 10.7% | 7.1% | 21.4% | 10.7% | 10.7% | 17.9% | 0.0% | 3.6% |
| **$40,000 to less than $45,000** | 23.5% | 11.8% | 11.8% | 17.6% | 23.5% | 23.5% | 11.8% | 23.5% | 5.9% | 23.5% | 6.3% | 5.9% | 11.8% |
| **$45,000 to less than $50,000** | 45.8% | 8.3% | 0.0% | 4.2% | 8.3% | 16.7% | 0.0% | 33.3% | 8.3% | 25.0% | 16.0% | 8.3% | 12.5% |

| Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem? | Your physical health | Housing that meets your needs | Getting the healthcare you need | Having inadequate transportation | Feeling lonely, sad or isolated | Affording your utilities | Affording the medication you need | Having financial problems | Being a victim of crime | Dealing with legal issues | Performing everyday activities such as walking or bathing | Having too few activities or feeling bored | Providing care for another person |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **$50,000 to less than $60,000** | 50.0% | 6.0% | 4.0% | 6.0% | 6.0% | 8.0% | 10.0% | 20.0% | 6.0% | 8.0% | 10.0% | 2.0% | 12.0% |
| **$60,000 to less than $75,000** | 50.0% | 4.2% | 8.3% | 12.5% | 20.8% | 16.7% | 16.7% | 29.2% | 8.3% | 33.3% | 8.3% | 17.4% | 21.7% |
| **$75,000 or more** | 39.6% | 7.5% | 3.8% | 8.5% | 12.3% | 6.6% | 4.7% | 12.3% | 0.9% | 10.4% | 4.7% | 14.2% | 6.7% |

In Table 14 below, survey respondents were asked to report extended periods of illness within the past year. The results showed the following:

- Respondents residing in Ward 1 reported the most extended periods of illness.
- Persons living with disabilities ages 18-59 as well as seniors ages 90-94 also reported the most extended periods of illness.
- Males and females reported nearly equal periods or extended illness.

**Table 14: Reported Illness**

| Over the last 12 months, have you been ill for a period of one month or more? | Yes | No |
|---|---|---|
| **Ward 1** | 40.0% | 60.0% |
| **Ward 2** | 24.4% | 75.6% |
| **Ward 3** | 22.2% | 77.8% |
| **Ward 4** | 35.9% | 64.1% |
| **Ward 5** | 14.0% | 86.0% |
| **Ward 6** | 33.3% | 66.7% |
| **Ward 7** | 28.0% | 72.0% |
| **Ward 8** | 11.4% | 88.6% |
| **18 to 59 years** | 50.0% | 50.0% |
| **60 to 64 years** | 36.6% | 63.4% |
| **65 to 69 years** | 18.1% | 81.9% |
| **70 to 74 years** | 31.9% | 68.1% |
| **75 to 79 years** | 25.0% | 75.0% |
| **80 to 84 years** | 30.4% | 69.6% |
| **85 to 89 years** | 18.2% | 81.8% |
| **90 to 94 years** | 40.0% | 60.0% |
| **95 years and older** | 0.0% | 100.0% |
| **Male** | 28.0% | 72.0% |
| **Female** | 27.5% | 72.5% |
| **Transgender** | 0.0% | 0.0% |

| Over the last 12 months, have you been ill for a period of one month or more? | Yes | No |
|---|---|---|
| **Caucasian** | 40.0% | 60.0% |
| **Black or African American** | 28.2% | 71.8% |
| **Hispanic or Latino** | 25.0% | 75.0% |
| **Asian** | 12.5% | 87.5% |
| **Native Hawaiian or Other Pacific Islander** | 50.0% | 50.0% |
| **American Indian, Alaskan Native** | 0.0% | 100.0% |
| **Other** | 16.7% | 83.3% |
| **Less than $10,000** | 28.9% | 71.1% |
| **$10,000 to less than $15,000** | 38.5% | 61.5% |
| **$15,000 to less than $20,000** | 9.4% | 90.6% |
| **$20,000 to less than $25,000** | 20.0% | 80.0% |
| **$25,000 to less than $30,000** | 0.0% | 100.0% |
| **$30,000 to less than $35,000** | 22.2% | 77.8% |
| **$35,000 to less than $40,000** | 22.2% | 77.8% |
| **$40,000 to less than $45,000** | 0.0% | 100.0% |
| **$45,000 to less than $50,000** | 0.0% | 100.0% |
| **$50,000 to less than $60,000** | 60.0% | 40.0% |
| **$60,000 to less than $75,000** | 0.0% | 100.0% |
| **$75,000 or more** | 50.0% | 50.0% |

In addition to asking about illness, respondents were also asked about the level of physical activity they engage in weekly. As shown in Table 15:

- Ward 3 reported engaging in the most physical activity during a typical week.
- Persons living with disabilities ages 18-59 reported the least amount of physical activity and among seniors, those ages 90-94 reported the least amount of physical activity.
- Males and females tended to engage in similar amounts of physical activity overall.

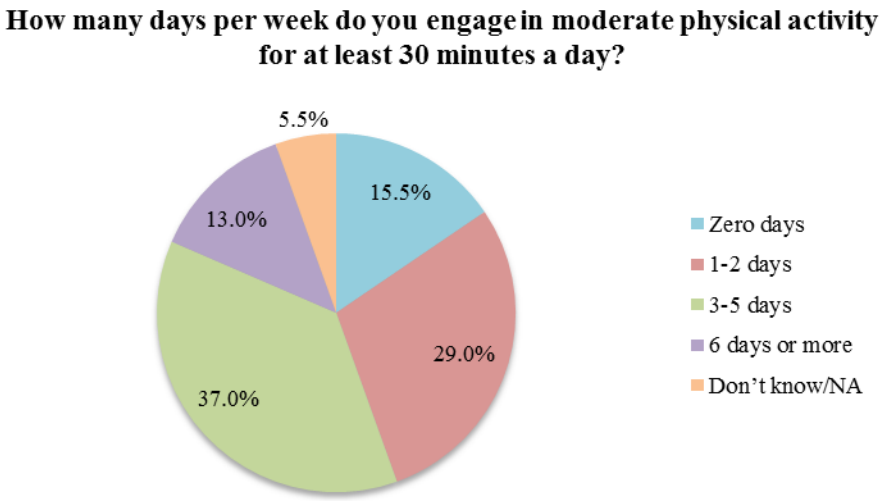
**Table 15: Reported Physical Activity**

| How many days per week do you engage in moderate physical activity for at least 30 minutes a day? | Zero days | 1-2 days | 3-5 days | 6 days or more | Don't know/NA |
|---|---|---|---|---|---|
| **Ward 1** | 40.0% | 5.0% | 30.0% | 20.0% | 5.0% |
| **Ward 2** | 6.1% | 24.5% | 30.6% | 26.5% | 12.2% |
| **Ward 3** | 0.0% | 26.3% | 52.6% | 21.1% | 0.0% |
| **Ward 4** | 15.9% | 25.0% | 45.5% | 9.1% | 4.5% |
| **Ward 5** | 11.6% | 16.3% | 46.5% | 18.6% | 7.0% |
| **Ward 6** | 21.4% | 40.7% | 28.6% | 7.1% | 2.1% |
| **Ward 7** | 24.0% | 20.0% | 36.0% | 16.0% | 4.0% |
| **Ward 8** | 0.0% | 25.7% | 60.0% | 8.6% | 5.7% |
| **18 to 59 years** | 62.5% | 12.5% | 12.5% | 0.0% | 12.5% |
| **60 to 64 years** | 4.8% | 31.0% | 40.5% | 16.7% | 7.1% |
| **65 to 69 years** | 16.4% | 26.0% | 39.7% | 13.7% | 4.1% |
| **70 to 74 years** | 12.5% | 29.2% | 43.1% | 9.7% | 5.6% |
| **75 to 79 years** | 14.1% | 32.9% | 34.1% | 11.8% | 7.1% |
| **80 to 84 years** | 16.9% | 27.1% | 37.3% | 16.9% | 1.7% |
| **85 to 89 years** | 17.6% | 26.5% | 38.2% | 14.7% | 2.9% |
| **90 to 94 years** | 18.2% | 45.5% | 27.3% | 9.1% | 0.0% |
| **95 years and older** | 20.0% | 20.0% | 20.0% | 0.0% | 40.0% |
| **Male** | 17.2% | 27.0% | 36.9% | 12.3% | 6.6% |
| **Female** | 14.9% | 29.1% | 37.5% | 13.5% | 5.1% |
| **Transgender** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Caucasian** | 11.5% | 30.8% | 34.6% | 19.2% | 3.8% |
| **Black or African American** | 18.4% | 28.3% | 38.1% | 11.4% | 3.8% |
| **Hispanic or Latino** | 0.0% | 60.0% | 20.0% | 20.0% | 0.0% |
| **Asian** | 2.4% | 31.0% | 28.6% | 19.0% | 19.0% |
| **Native Hawaiian or Other Pacific Islander** | 0.0% | 0.0% | 50.0% | 0.0% | 50.0% |
| **American Indian, Alaskan Native** | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| **Other** | 0.0% | 33.3% | 44.4% | 22.2% | 0.0% |
| **Less than $10,000** | 18.6% | 30.9% | 33.0% | 12.4% | 5.2% |
| **$10,000 to less than $15,000** | 21.2% | 30.3% | 30.3% | 13.6% | 4.5% |
| **$15,000 to less than $20,000** | 9.4% | 34.4% | 46.9% | 6.3% | 3.1% |
| **$20,000 to less than $25,000** | 7.7% | 19.2% | 42.3% | 26.9% | 3.8% |
| **$25,000 to less than $30,000** | 0.0% | 0.0% | 75.0% | 25.0% | 0.0% |
| **$30,000 to less than $35,000** | 33.3% | 22.2% | 33.3% | 11.1% | 0.0% |

| How many days per week do you engage in moderate physical activity for at least 30 minutes a day? | Zero days | 1-2 days | 3-5 days | 6 days or more | Don't know/NA |
|---|---|---|---|---|---|
| **$35,000 to less than $40,000** | 0.0% | 20.0% | 40.0% | 30.0% | 10.0% |
| **$40,000 to less than $45,000** | 0.0% | 33.3% | 66.7% | 0.0% | 0.0% |
| **$45,000 to less than $50,000** | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% |
| **$50,000 to less than $60,000** | 0.0% | 16.7% | 83.3% | 0.0% | 0.0% |
| **$60,000 to less than $75,000** | 0.0% | 50.0% | 0.0% | 50.0% | 0.0% |
| **$75,000 or more** | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |

In Figure 13, most respondents take part in some moderate physical activity with 79% reporting they engage in moderate physical activity at least one day a week.

**Figure 13: Physical Activity**




Additionally, respondents were asked to report physical or mental challenges or problems they are currently facing. Table 16 shows the respondents' responses. Across all wards, arthritis and high blood pressure were the conditions most frequently reported. Results were similar across all age groups, genders, race/ethnic groups and levels of income.

**Table 16: Reported Physical or Mental Disorders**

| Do you have any of the following conditions? (check all that apply) | Blindness or severe vision impairment | Significant hearing loss | Arthritis | High blood pressure | Heart problems | Diabetes | Stroke | IDD | Other (please specify) |
|---|---|---|---|---|---|---|---|---|---|
| **Ward 1** | 5.1% | 6.5% | 26.1% | 31.9% | 10.9% | 13.0% | 4.3% | 0.7% | 1.4% |
| **Ward 2** | 3.1% | 2.5% | 24.4% | 29.4% | 10.6% | 20.0% | 3.8% | 0.6% | 5.6% |
| **Ward 3** | 1.1% | 10.6% | 27.7% | 30.9% | 9.6% | 13.8% | 1.1% | 0.0% | 5.3% |
| **Ward 4** | 3.5% | 6.1% | 25.6% | 33.9% | 10.7% | 11.7% | 4.8% | 0.0% | 3.7% |
| **Ward 5** | 6.7% | 4.8% | 23.1% | 31.6% | 8.8% | 14.7% | 4.3% | 2.4% | 3.5% |
| **Ward 6** | 3.1% | 3.8% | 26.1% | 31.3% | 9.2% | 12.9% | 3.5% | 0.2% | 10.0% |
| **Ward 7** | 5.7% | 5.7% | 25.3% | 28.7% | 11.5% | 14.9% | 2.3% | 0.0% | 5.7% |
| **Ward 8** | 6.4% | 3.7% | 22.9% | 33.0% | 10.1% | 16.5% | 3.7% | 2.8% | 0.9% |
| **18 to 59 years** | 0.0% | 4.8% | 28.6% | 23.8% | 14.3% | 23.8% | 4.8% | 0.0% | 0.0% |
| **60 to 64 years** | 4.5% | 2.6% | 21.6% | 33.1% | 9.7% | 16.0% | 3.7% | 2.2% | 6.7% |
| **65 to 69 years** | 3.9% | 3.6% | 22.6% | 33.3% | 8.3% | 16.7% | 3.9% | 0.6% | 7.1% |
| **70 to 74 years** | 5.2% | 4.9% | 27.8% | 30.9% | 9.9% | 11.7% | 3.4% | 0.9% | 5.2% |
| **75 to 79 years** | 3.9% | 3.0% | 24.2% | 32.5% | 9.9% | 18.2% | 3.3% | 0.0% | 5.0% |
| **80 to 84 years** | 5.8% | 5.4% | 28.2% | 32.0% | 9.2% | 11.2% | 4.1% | 0.0% | 4.1% |
| **85 to 89 years** | 2.6% | 13.0% | 25.0% | 29.7% | 12.5% | 8.3% | 4.2% | 1.6% | 3.1% |
| **90 to 94 years** | 7.8% | 6.0% | 22.4% | 25.9% | 14.7% | 10.3% | 6.0% | 0.0% | 6.9% |
| **95 years and older** | 4.5% | 18.2% | 36.4% | 18.2% | 9.1% | 0.0% | 4.5% | 4.5% | 4.5% |
| **Male** | 5.5% | 5.4% | 19.9% | 32.0% | 11.9% | 14.3% | 4.2% | 0.9% | 5.9% |
| **Female** | 4.0% | 4.8% | 27.6% | 31.1% | 8.9% | 13.9% | 3.7% | 0.6% | 5.3% |
| **Transgender** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |
| **Caucasian** | 3.1% | 8.4% | 23.6% | 30.2% | 12.9% | 12.0% | 1.3% | 0.0% | 8.4% |

| Do you have any of the following conditions? (check all that apply) | Blindness or severe vision impairment | Significant hearing loss | Arthritis | High blood pressure | Heart problems | Diabetes | Stroke | IDD | Other (please specify) |
|---|---|---|---|---|---|---|---|---|---|
| **Black or African American** | 4.7% | 4.8% | 24.6% | 31.9% | 9.5% | 14.1% | 4.4% | 0.8% | 5.1% |
| **Hispanic or Latino** | 0.0% | 4.5% | 40.9% | 18.2% | 4.5% | 27.3% | 4.5% | 0.0% | 0.0% |
| **Asian** | 5.3% | 3.9% | 23.7% | 27.6% | 13.2% | 19.7% | 1.3% | 1.3% | 3.9% |
| **Native Hawaiian or Other Pacific Islander** | 0.0% | 33.3% | 0.0% | 33.3% | 0.0% | 0.0% | 33.3% | 0.0% | 0.0% |
| **American Indian, Alaskan Native** | 0.0% | 0.0% | 45.5% | 36.4% | 0.0% | 9.1% | 0.0% | 0.0% | 9.1% |
| **Other** | 4.8% | 0.0% | 31.0% | 31.0% | 11.9% | 9.5% | 0.0% | 4.8% | 7.1% |
| **Less than $10,000** | 4.1% | 2.9% | 24.6% | 30.1% | 10.3% | 14.6% | 4.9% | 0.9% | 7.7% |
| **$10,000 to less than $15,000** | 5.1% | 7.1% | 26.0% | 30.5% | 10.9% | 13.2% | 2.6% | 1.0% | 3.5% |
| **$15,000 to less than $20,000** | 6.1% | 5.4% | 24.3% | 29.1% | 8.1% | 16.9% | 4.7% | 0.7% | 4.7% |
| **$20,000 to less than $25,000** | 4.8% | 6.2% | 23.3% | 32.9% | 12.3% | 11.0% | 7.5% | 0.7% | 1.4% |
| **$25,000 to less than $30,000** | 4.5% | 10.6% | 27.3% | 30.3% | 7.6% | 13.6% | 1.5% | 0.0% | 4.5% |
| **$30,000 to less than $35,000** | 5.1% | 6.4% | 24.4% | 29.5% | 10.3% | 11.5% | 7.7% | 0.0% | 5.1% |
| **$35,000 to less than $40,000** | 7.1% | 10.7% | 21.4% | 33.9% | 14.3% | 8.9% | 1.8% | 0.0% | 1.8% |
| **$40,000 to less than $45,000** | 4.0% | 12.0% | 20.0% | 32.0% | 4.0% | 12.0% | 4.0% | 0.0% | 12.0% |
| **$45,000 to less than $50,000** | 3.7% | 3.7% | 33.3% | 33.3% | 7.4% | 11.1% | 0.0% | 0.0% | 7.4% |
| **$50,000 to less than $60,000** | 1.6% | 6.3% | 28.6% | 34.9% | 9.5% | 15.9% | 0.0% | 0.0% | 3.2% |
| **$60,000 to less than $75,000** | 0.0% | 6.1% | 21.2% | 33.3% | 12.1% | 15.2% | 3.0% | 3.0% | 6.1% |
| **$75,000 or more** | 2.7% | 3.6% | 22.5% | 41.4% | 7.2% | 15.3% | 0.0% | 1.8% | 5.4% |

## Safety.

### *Definition and importance.*

Safety and security for seniors and persons living with disabilities aim to protect these populations from physical or mental abuse, exploitation, and neglect. Safety concerns are of importance because of the unnecessary strain that can lead to fearfulness, physical health issues, and mental health issues such as depression.

### *Descriptive discussion of focus area.*

The majority of focus group participants mentioned that they feel unsafe in their communities. Some participants cited they do not feel safe walking to convenience stores in their communities because these stores typically attract crime. The Hispanic or Latino, Asian and persons living with disabilities echoed the same concern. The LGBT participants mentioned that they do not feel safe going to the wellness centers for fear of being harassed emotionally as well as verbally. Additionally, the LGBT participants mentioned that the District of Columbia lacks safe meeting places for the LGBT community.

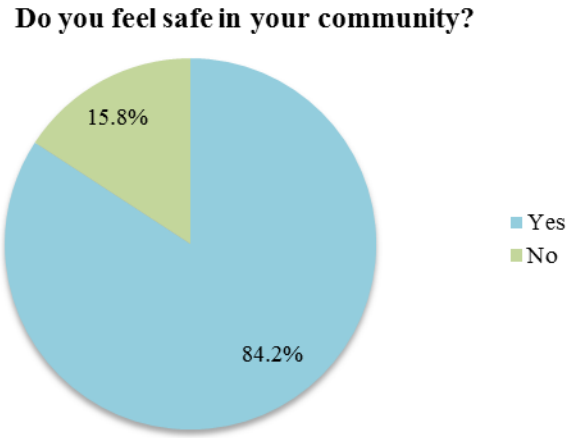
Focus group participants made the following recommendations to improve safety for seniors:

- DCOA should collaborate with the Metropolitan Police Department (MPD) to increase police presence in communities.
- The District of Columbia should provide the LGBT community a property in a safe location so that they can organize themselves.
- DCOA should provide cultural sensitivity education to the senior community, possibly at wellness centers.

***Discussion of quantitative analysis.***

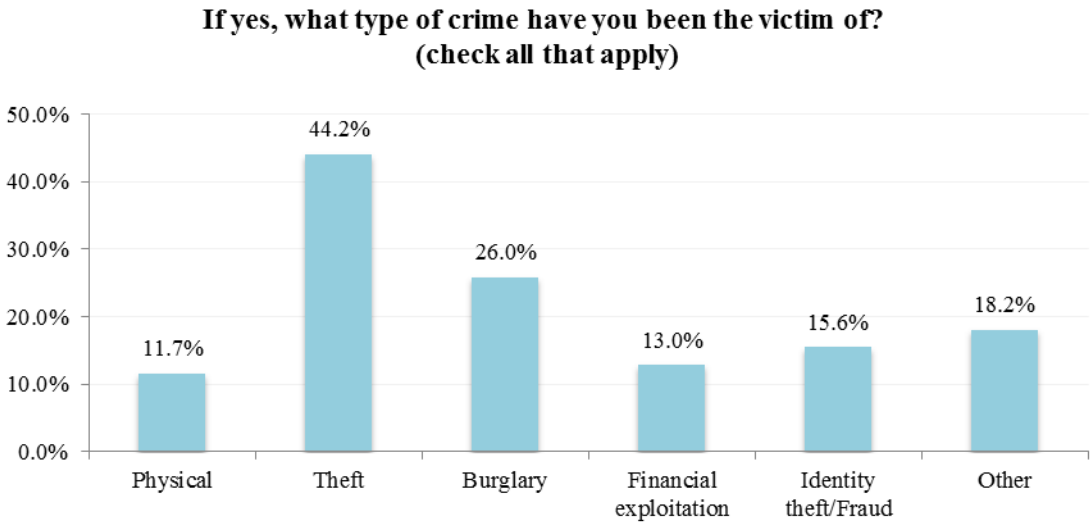
Overall, the respondents reported they feel safe in their community with 84.2% of participants responding "yes" to the question "do you feel safe in your community?" See Figure 14 below.

**Figure 14: Community Safety**



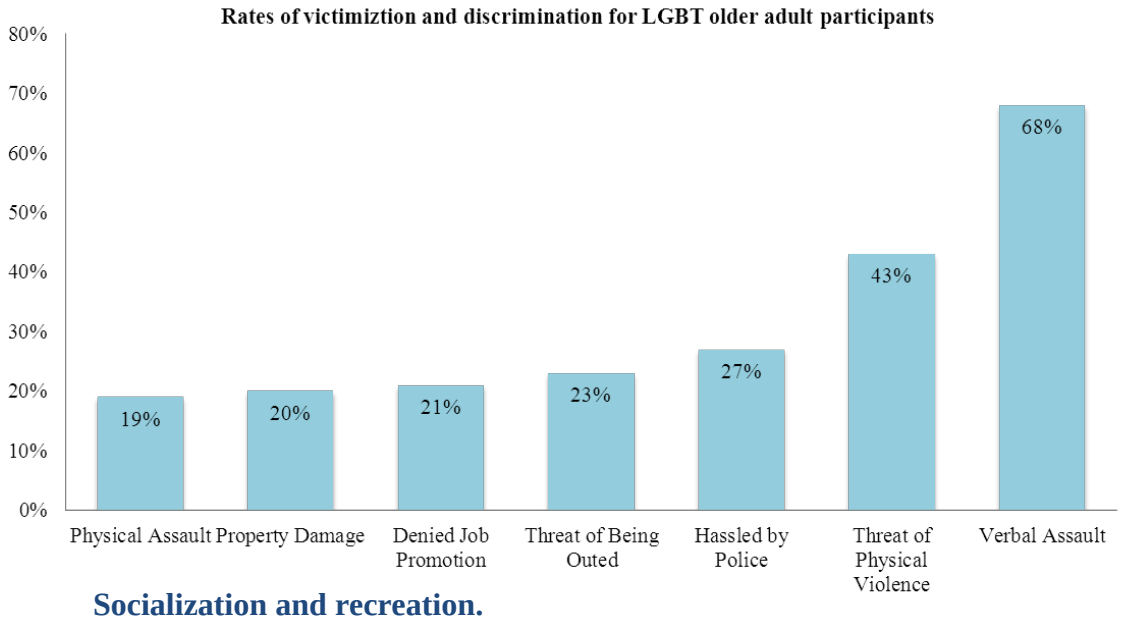

Looking at those respondents who had been the victim of a crime in the past 12 months in Figure 15, the majority (44.2%) had been the victim of theft and another 26.0% had been the victim of burglary. The least reported crime was physical endangerment.

**Figure 15: Reported Crime**



As stated previously, many LGBT participants reported not feeling safe visiting wellness centers due to fear of being victimized. Figure 16 shows the reported national rate of victimization and discrimination for older LGBT.

**Figure 16: Rates of Victimization for Older LGBT Adults**




**Source: Fredriksen-Goldsen, K.I., 2011**

## Socialization and recreation.

***Definition and importance.***

Recreational activities are designed to provide a supportive environment to increase socialization and independence for seniors and persons living with disabilities. Recreation and socialization involves both structured and unstructured programs inclusive of a community based program. Socialization and recreation can lead to enhanced physical and mental health along with promoting independence and reducing isolation.

***Descriptive discussion of focus area.***

Most focus group participants stated there is not a lot of social interaction for seniors, especially those that live independently. For this reason, seniors are often at home alone all day. Most focus group participants stated they would like to participate in more activities. The lack of

activities was cited by the Hispanic or Latino participants as the leading cause of depression among seniors. Asian participants noted that there are no facilities that offer activities they like such as chess, mahjong and playing cards. Persons living with disabilities noted that they would like to have more exercise programs at senior facilities. The LGBT participants mentioned that they do not have a safe gathering place for socialization and recreational activities.

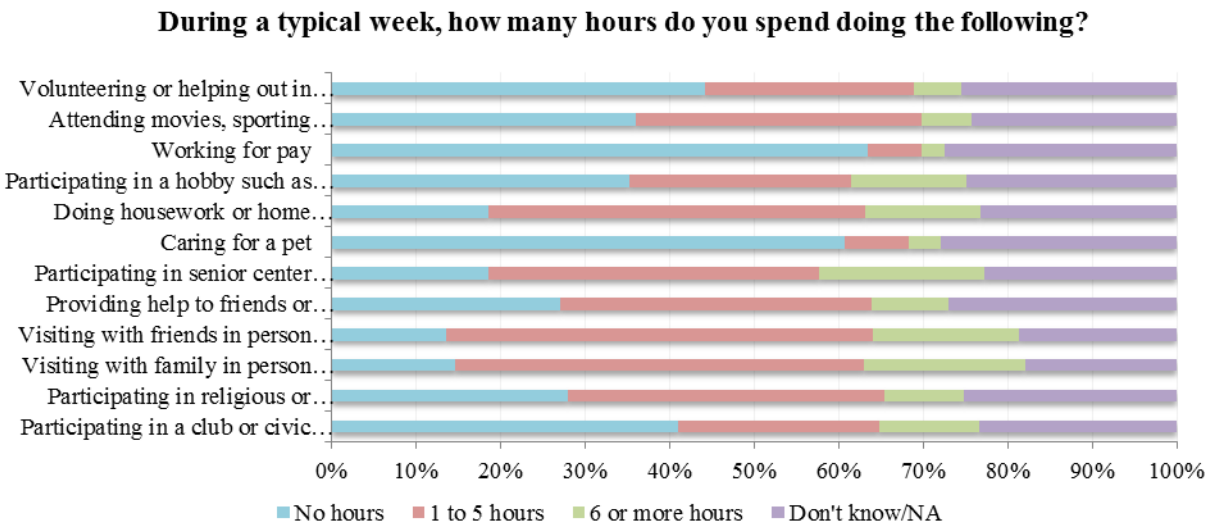
Focus group participants made the following recommendations to improve socialization and recreation life for seniors:

- DCOA should make wellness centers accessible for seniors on the weekends.
- The directors and managers at the senior facilities in the District of Columbia should contact the local YMCA and invite them to conduct exercises programs.

***Discussion of quantitative analysis.***

Socialization and recreation is important to the overall health and well-being of seniors and the overall health of the community. Socialization and recreation encourages seniors and persons living with a disability to be active members of the community and provides opportunities to build networks and support systems. Figure 17 depicts the number of hours in a typical week respondents spend participating in a variety of social and recreational activities. Most respondents reported spending a majority of their time visiting family and friends and participating in senior center activities.

**Figure 17: Hours Spent on Socialization and Recreation Activities**




When asked to report how many hours respondents engage in different recreational or social activities, those reporting they spend “no hours” or zero hours engaged in varying activities are shown in Table 17.

- Overall, persons living with disabilities ages 18-59 and seniors ages 90 and older reported the least engagement in social or recreational activities.
- Among males and females, males reported the most “no hours” responses to engaging in different recreational and social activities.
- Among race/ethnic groups, blacks or African Americans reported the most “no hours” responses to engaging in different recreational and social activities.
- Those earning less than $15,000 annually, reported the most “no hours” responses to engaging in different recreational and social activities.

**Table 17: "No Hours" Reported Participating in Recreation and Social Activities**

| During a typical week, how many hours do you spend doing the following? (based upon the response "No Hours") | Participating in a club or civic group | Participating in religious or spiritual activities with others | Visiting with family in person or on the phone | Visiting with friends in person or on the phone | Providing help to friends or relatives | Participating in senior center activities | Caring for a pet | Doing housework or home maintenance | Participating in a hobby such as art, gardening or music | Working for pay | Attending movies, sporting events or groups events | Volunteering or helping out in the community |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ward 1** | 60.0% | 20.0% | 20.0% | 30.0% | 45.0% | 30.0% | 60.0% | 15.0% | 50.0% | 70.0% | 70.0% | 70.0% |
| **Ward 2** | 40.8% | 32.7% | 14.3% | 4.2% | 18.4% | 26.5% | 36.7% | 14.3% | 24.5% | 40.8% | 22.4% | 24.5% |
| **Ward 3** | 20.0% | 25.0% | 15.0% | 10.0% | 25.0% | 5.0% | 40.0% | 10.0% | 25.0% | 50.0% | 30.0% | 40.0% |
| **Ward 4** | 22.7% | 6.8% | 6.8% | 2.3% | 20.9% | 15.9% | 54.5% | 9.1% | 29.5% | 52.3% | 29.5% | 38.6% |
| **Ward 5** | 31.8% | 6.8% | 20.5% | 20.9% | 20.5% | 13.6% | 65.9% | 31.8% | 38.6% | 68.2% | 38.6% | 47.7% |
| **Ward 6** | 55.9% | 44.8% | 14.7% | 16.8% | 35.0% | 26.6% | 73.2% | 23.8% | 45.5% | 78.3% | 43.4% | 51.0% |
| **Ward 7** | 56.0% | 28.0% | 16.0% | 25.0% | 36.0% | 8.3% | 76.0% | 12.5% | 37.5% | 75.0% | 45.8% | 54.2% |
| **Ward 8** | 28.6% | 22.9% | 5.7% | 5.7% | 17.6% | 0.0% | 71.4% | 14.3% | 22.9% | 65.7% | 17.1% | 42.9% |
| **18 to 59 years** | 100.0% | 37.5% | 37.5% | 25.0% | 62.5% | 50.0% | 37.5% | 12.5% | 62.5% | 100.0% | 75.0% | 100.0% |
| **60 to 64 years** | 43.9% | 34.1% | 17.1% | 12.2% | 26.8% | 17.1% | 78.0% | 17.1% | 31.7% | 73.2% | 43.9% | 39.0% |
| **65 to 69 years** | 46.7% | 30.7% | 10.7% | 10.7% | 25.3% | 25.3% | 66.7% | 20.0% | 38.7% | 68.0% | 40.0% | 45.3% |
| **70 to 74 years** | 41.7% | 29.2% | 19.4% | 17.1% | 28.2% | 11.3% | 56.9% | 21.1% | 33.8% | 59.2% | 32.4% | 38.0% |
| **75 to 79 years** | 36.0% | 27.9% | 10.5% | 12.8% | 22.1% | 17.4% | 58.1% | 16.3% | 30.2% | 62.8% | 25.6% | 41.9% |
| **80 to 84 years** | 38.3% | 31.7% | 13.3% | 8.3% | 28.3% | 18.3% | 59.3% | 21.7% | 36.7% | 61.7% | 35.0% | 48.3% |
| **85 to 89 years** | 20.0% | 2.9% | 8.6% | 14.7% | 17.1% | 11.4% | 42.9% | 5.7% | 22.9% | 42.9% | 22.9% | 34.3% |
| **90 to 94 years** | 45.5% | 18.2% | 18.2% | 27.3% | 54.5% | 18.2% | 72.7% | 36.4% | 54.5% | 72.7% | 72.7% | 63.6% |
| **95 years and older** | 40.0% | 20.0% | 20.0% | 0.0% | 25.0% | 40.0% | 60.0% | 40.0% | 60.0% | 80.0% | 40.0% | 80.0% |

| During a typical week, how many hours do you spend doing the following? (based upon the response "No Hours") | Participating in a club or civic group | Participating in religious or spiritual activities with others | Visiting with family in person or on the phone | Visiting with friends in person or on the phone | Providing help to friends or relatives | Participating in senior center activities | Caring for a pet | Doing housework or home maintenance | Participating in a hobby such as art, gardening or music | Working for pay | Attending movies, sporting events or groups events | Volunteering or helping out in the community |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Male** | 50.0% | 41.8% | 23.0% | 17.4% | 35.2% | 21.3% | 61.5% | 25.4% | 40.2% | 64.8% | 43.4% | 46.7% |
| **Female** | 37.1% | 21.8% | 10.4% | 11.5% | 23.4% | 17.2% | 60.6% | 15.8% | 33.3% | 62.7% | 32.6% | 42.7% |
| **Transgender** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Caucasian** | 51.9% | 37.0% | 22.2% | 11.1% | 25.9% | 25.9% | 44.4% | 14.8% | 37.0% | 59.3% | 44.4% | 55.6% |
| **Black or African American** | 44.8% | 30.4% | 15.4% | 16.0% | 30.0% | 19.1% | 68.6% | 20.4% | 38.2% | 70.8% | 39.8% | 48.9% |
| **Hispanic or Latino** | 20.0% | 20.0% | 0.0% | 0.0% | 20.0% | 0.0% | 60.0% | 20.0% | 60.0% | 60.0% | 60.0% | 60.0% |
| **Asian** | 9.5% | 7.1% | 7.1% | 0.0% | 7.1% | 16.7% | 11.9% | 7.1% | 9.5% | 11.9% | 4.8% | 2.4% |
| **Native Hawaiian or Other Pacific Islander** | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 50.0% | 50.0% | 50.0% | 50.0% | 0.0% | 50.0% |
| **American Indian, Alaskan Native** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Other** | 33.3% | 22.2% | 11.1% | 0.0% | 33.3% | 0.0% | 66.7% | 12.5% | 25.0% | 62.5% | 12.5% | 25.0% |
| **Less than $10,000** | 45.9% | 35.7% | 16.8% | 14.9% | 31.6% | 27.0% | 58.7% | 23.5% | 37.2% | 60.2% | 39.3% | 42.3% |
| **$10,000 to less than $15,000** | 41.2% | 38.2% | 20.6% | 19.1% | 26.5% | 17.6% | 66.2% | 20.6% | 41.2% | 72.1% | 50.0% | 52.9% |
| **$15,000 to less than $20,000** | 37.5% | 6.3% | 6.3% | 18.8% | 19.4% | 6.3% | 68.8% | 12.5% | 40.6% | 68.8% | 28.1% | 40.6% |
| **$20,000 to less than $25,000** | 26.9% | 11.5% | 7.7% | 11.5% | 15.4% | 3.8% | 64.0% | 7.7% | 23.1% | 73.1% | 23.1% | 38.5% |
| **$25,000 to less than $30,000** | 25.0% | 0.0% | 0.0% | 0.0% | 25.0% | 0.0% | 75.0% | 0.0% | 25.0% | 100.0% | 25.0% | 50.0% |
| **$30,000 to less than $35,000** | 55.6% | 22.2% | 0.0% | 0.0% | 22.2% | 0.0% | 77.8% | 11.1% | 44.4% | 55.6% | 11.1% | 44.4% |
| **$35,000 to less than $40,000** | 50.0% | 20.0% | 20.0% | 10.0% | 10.0% | 10.0% | 60.0% | 20.0% | 40.0% | 80.0% | 30.0% | 60.0% |

| During a typical week, how many hours do you spend doing the following? (based upon the response "No Hours") | Participating in a club or civic group | Participating in religious or spiritual activities with others | Visiting with family in person or on the phone | Visiting with friends in person or on the phone | Providing help to friends or relatives | Participating in senior center activities | Caring for a pet | Doing housework or home maintenance | Participating in a hobby such as art, gardening or music | Working for pay | Attending movies, sporting events or groups events | Volunteering or helping out in the community |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **$40,000 to less than $45,000** | 16.7% | 0.0% | 0.0% | 0.0% | 16.7% | 0.0% | 66.7% | 0.0% | 0.0% | 50.0% | 0.0% | 0.0% |
| **$45,000 to less than $50,000** | 25.0% | 25.0% | 25.0% | 0.0% | 50.0% | 25.0% | 75.0% | 25.0% | 25.0% | 75.0% | 25.0% | 75.0% |
| **$50,000 to less than $60,000** | 33.3% | 16.7% | 0.0% | 0.0% | 16.7% | 0.0% | 83.3% | 0.0% | 16.7% | 50.0% | 0.0% | 16.7% |
| **$60,000 to less than $75,000** | 0.0% | 0.0% | 0.0% | 0.0% | 50.0% | 0.0% | 50.0% | 0.0% | 50.0% | 100.0% | 0.0% | 50.0% |
| **$75,000 or more** | 0.0% | 25.0% | 0.0% | 0.0% | 25.0% | 0.0% | 50.0% | 0.0% | 25.0% | 25.0% | 25.0% | 50.0% |

Table 17 demonstrates by Ward, age, gender, race/ethnicity and income the responses for the reported "no hours" (or zero hours reported) spent during a typical week engaging in recreational and social activities.

## Case management and options counseling.

### *Definition and importance.*

Case management services include the assessment of need and the coordination, implementation, and monitoring of a service plan designed to mobilize resources and services to meet the needs of the client, achieve positive health outcomes, and maintain relationships with family and friends. The overall goal of case management is to allow the client to achieve the optimum level of wellness and functional capability.

Options counseling seeks to identify and resolve problems of a senior or person living with a disability through evaluation and therapy. Similar to case management, counseling aims to improve the emotional and personal capacity and allow participants to maintain their maximum functioning and independence.

### *Descriptive discussion of focus area.*

Over half of the focus group participants did not know that case management services existed. However, participants mentioned that seniors need assistance with the following services: transportation, recreation, and advocacy.

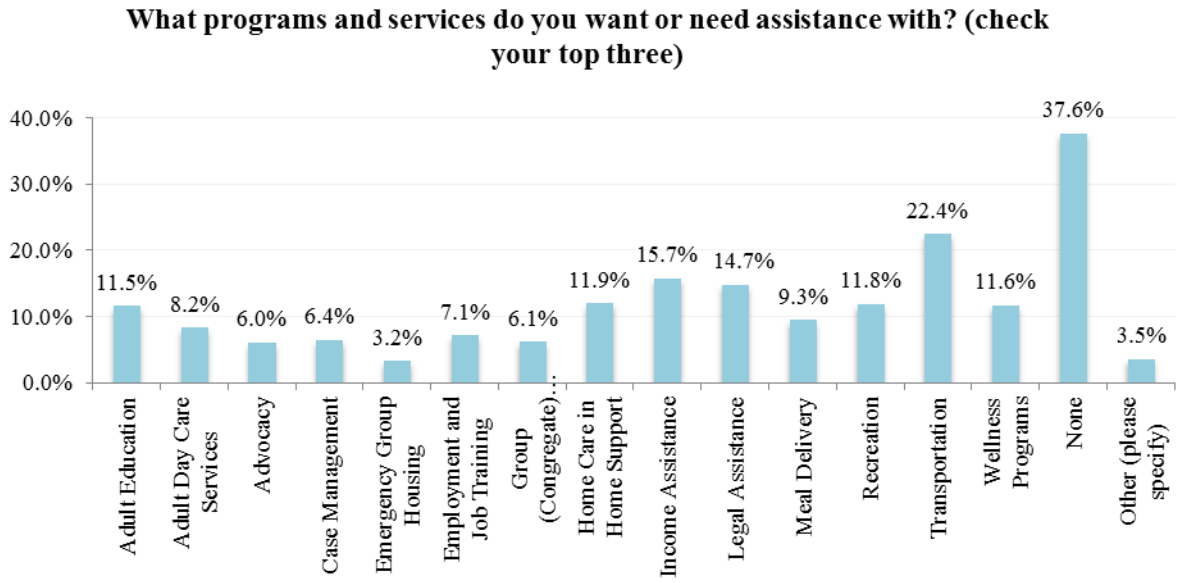
Additionally, the Hispanic or Latino, Asian, and persons living with disabilities focus group participants were not aware of case management services. Nevertheless, the Hispanic or Latino focus group participants mentioned that they need assistance with the following services: affordable and adequate housing, health care, in-home care, income assistance, and low cost health care. The Asian focus group participants stated they need help with income assistance; LGBT participants voiced they need help with adult day care; and persons living with disabilities voiced a need for help with transportation.

Focus group participants recommended that DCOA have a social worker in all wellness centers in order to assist with case management.

***Discussion of quantitative analysis.***

Survey questions about case management and options counseling sought to determine which programs and services respondents required the most assistance with as they navigate the system of care. Most (22.4%) reported they need assistance with transportation, followed by income assistance (15.7%) and legal assistance (14.7%). The service that respondents reported needing the least assistance with was emergency group housing (3.2%).

**Figure 18: Assistance with DCOA Programs**




## Health and mental health.

***Definition and importance.***

The World Health Organization [WHO] (n.d.) defines health as "the state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." Health promotion includes a structured DCOA health education and physical fitness program of classes

and activities that are provided by health related professionals and trained workers. Health promotion services instill behavior that enhances physical and emotional well-being.

***Descriptive discussion of focus area.***

As previously mentioned in the subsection for wellness and quality of life, the majority of focus group participants cited that their health care needs are not being met. Focus group participants reported that finding doctors that accept Medicare is difficult. In addition, emergency room doctors do not understand senior needs. The LGBT focus group participants agreed with the other participants and stated that their health care needs are not being met because the District of Columbia does not have LGBT sensitive services. Also, the Hispanic or Latino and persons living with disabilities focus group participants mentioned that their health care needs are not being met. A participant living with disabilities cited that there were no hospitals in the community in which he lives. As a result, seniors have to travel to Prince George's County, Maryland for medical services. The Asian focus group participants did not cite any health care issues.

Participants also expressed concerns about the District of Columbia's lack of systems in place to address mental health issues such as loneliness and depression. Participants noted that seniors are lonely and depressed because they do not have activities. Several focus group participants cited several tragedies that have occurred in the District of Columbia as a result of mental health disorders such as depression. The Hispanic or Latino, Asian, and persons living with disabilities focus group participants had similar issues. The LGBT participants cited that in the LGBT community, loneliness and depression is high due to small support systems. The LGBT focus group also reported having a high rate of suicide that generally occurs after the loss of one's partner.

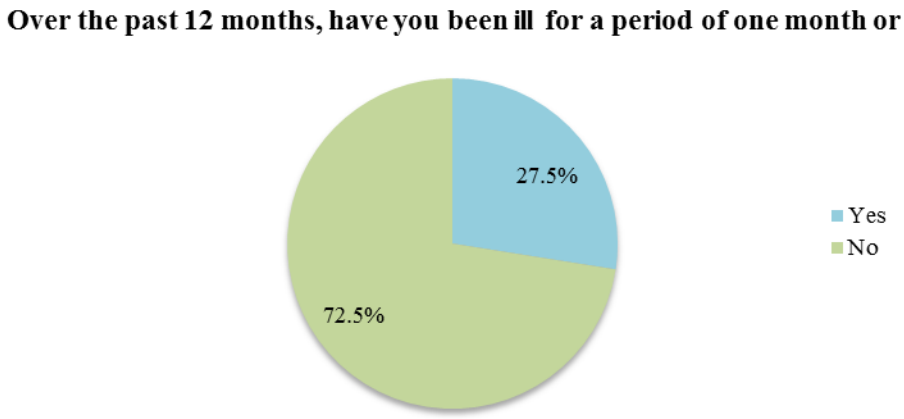
Focus group participants made the following recommendations to improve their physical and mental health:

- DCOA should work with the District of Columbia to build a hospital in the community to provide better travel time access.
- DCOA should establish a number for seniors to call to receive information on mental health.
- DCOA should establish a Listening Service dedicated to really listening to the concerns of seniors.
- DCOA should assist senior housing facilities in establishing floor captains and block captains (for seniors that live in private homes in residential neighborhoods) in order to ensure that seniors' needs are met.
- DCOA should create a system, such as home visits, to make connections with homebound seniors.

***Discussion of quantitative analysis.***

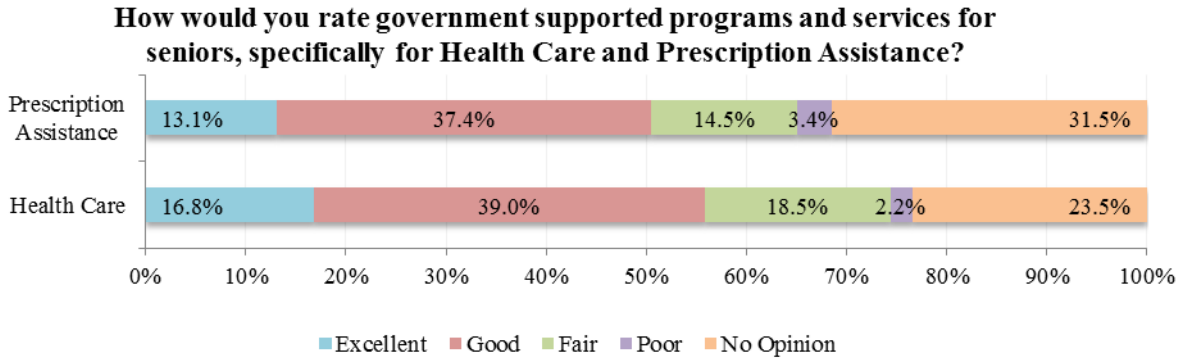
Most (72.5%) respondents reported they had not been ill for a period of one month or more in the past year, while 27.5% of respondents reported they had been ill for a period of one month or more in the past year as shown in Figure 19.

**Figure 19: Illness in the Past Year**




Overall, survey respondents rated government supported health care and prescription assistance programs highly with 50.5% respondents reporting “excellent” or “good” for government supported prescription assistance programs and 55.8% reporting “excellent” or “good” for government supported health care programs.

**Figure 20: Government Supported Prescription Assistance and Health Care Programs**




## Home health/in-home support.

***Definition and importance.***

Home health services are medically-related services provided to patients in a home setting rather than in a medical facility such as a hospital or a primary health care center. The DCOA home health services provide planned and scheduled in-home medical care and treatment

for infirm, disabled, or chronically ill individuals to help avoid or forestall institutionalization. Home health services provide the necessary health care to allow a participant to remain as independent as possible.

***Descriptive discussion of focus area.***

As mentioned earlier in the wellness subsection of this report, focus group participants mentioned they need in-home support with activities including: housekeeping, shopping, and administration of medications. The LGBT, Hispanic or Latino, Asian, and persons living with disabilities focus group participants had similar issues.

In addition, the majority of focus group participants stated that their home health care needs are not included in particular services provided by home health care aides. Issues most often cited about home care aides were: (1) the aides do not work the hours they are scheduled to work; (2) the aides do not perform the duties that they are hired to perform; and (3) the participants receive improper care. The persons living with disabilities mentioned similar concerns. The LGBT focus group participants mentioned that there are no home health care providers that are trained to deliver healthcare to LGBT people. The Hispanic or Latino and Asian focus group participants cited that in-home health care needs are not being met because of language barriers.

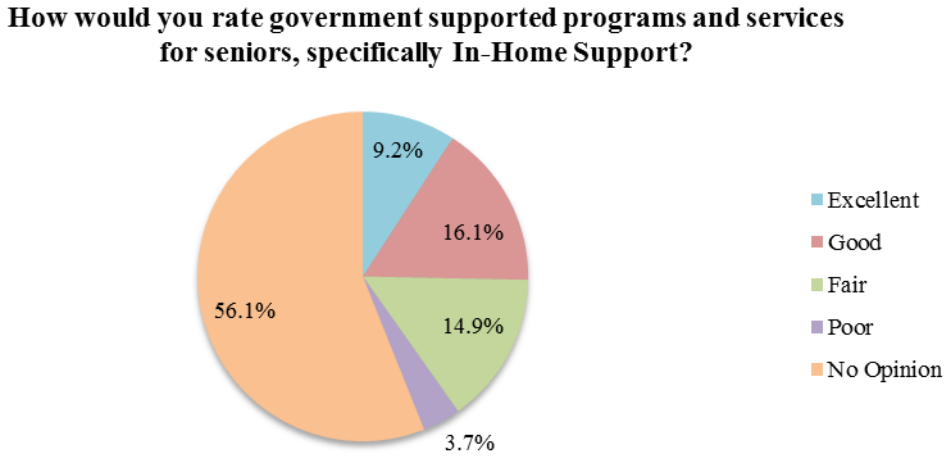
Focus group participants made the following recommendations to improve home health and in-home health needs for seniors:

- DCOA should monitor home health care agencies to ensure that home health aides' time reported is accurate and work is being performed.
- DCOA should work with the home health care agencies to improve assessments to determine the adequate amount of time needed for in-home health care.
- DCOA should ensure that home health agencies employee aides are certified.

***Discussion of quantitative analysis.***

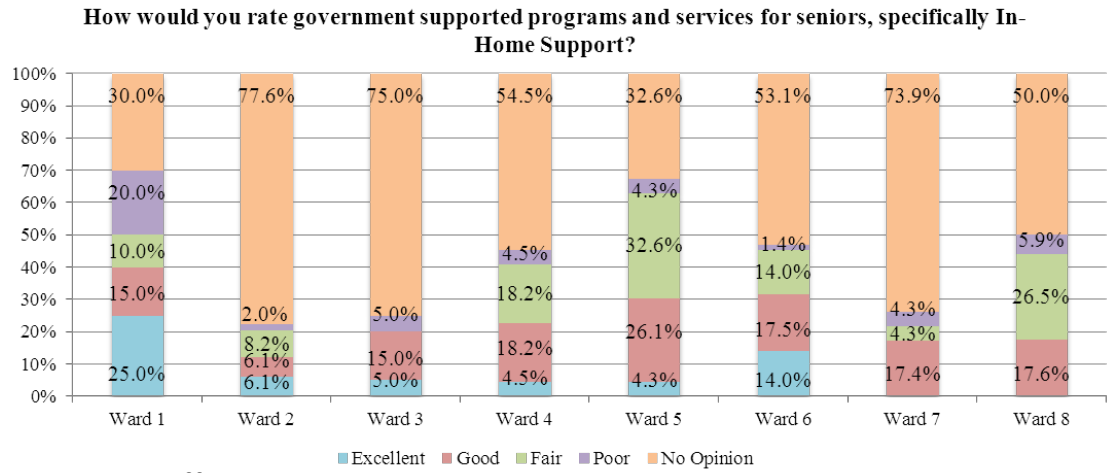
Overall, survey respondents rated government supported in-home support programs well, with one quarter (25.3%) of respondents rating government supported in-home support services as “excellent” or “good.” Notably, 18.6% of respondents rated the same services as “fair” or “poor.” Equally as important, 56.1% of respondents had no opinion, most likely because they have not received in-home support services.

**Figure 21: Government Supported In-Home Support Services**



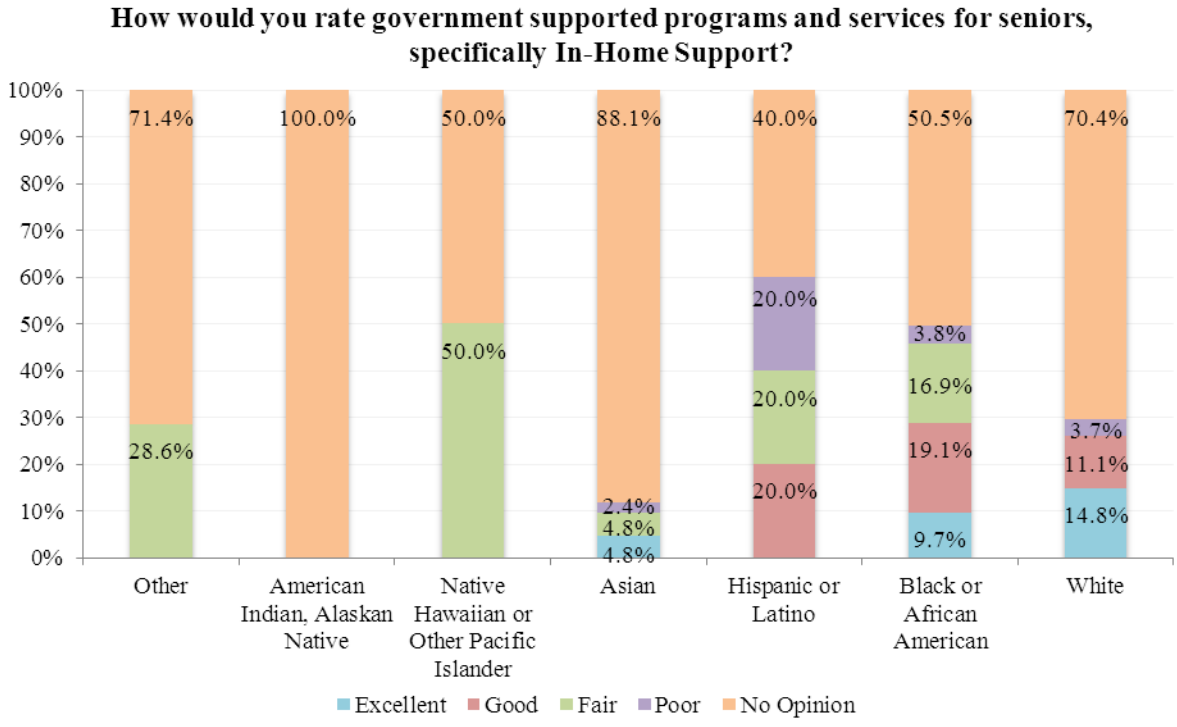

Among wards, Ward 1 reported the lowest rating for government supported in-home support services, and Ward 1 reported the highest rating for them.

**Figure 22: Government Supported In-Home Support Services among Wards**




Among different races and ethnicities, Hispanic or Latinos reported the highest dissatisfaction with government supported in-home support services and blacks or African-Americans reported the highest satisfaction.

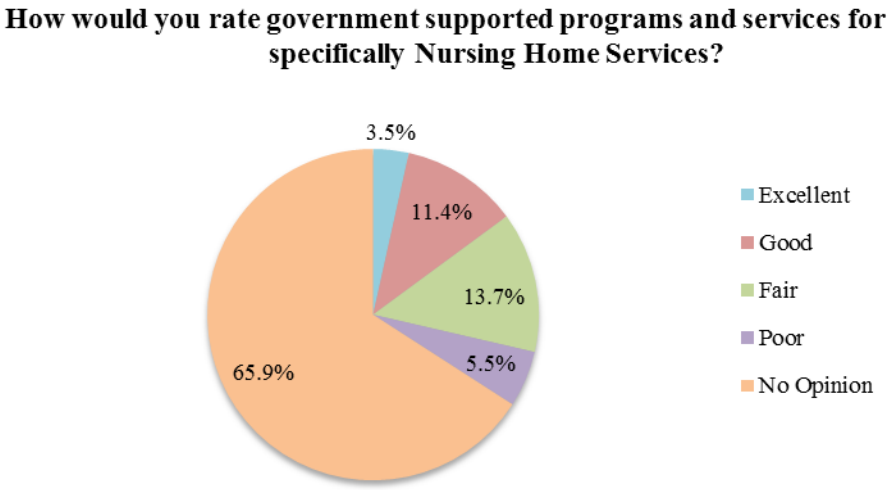
**Figure 23: Government Supported In-Home Support Services among Race/Ethnicity**




One quarter (25.1%) of survey respondents rated government supported nursing home services as “good” or “fair,” while smaller percentages rated the services as “excellent” (3.5%) or “poor” (5.5%). A larger percentage of respondents (65.9%) reported they had “no opinion”

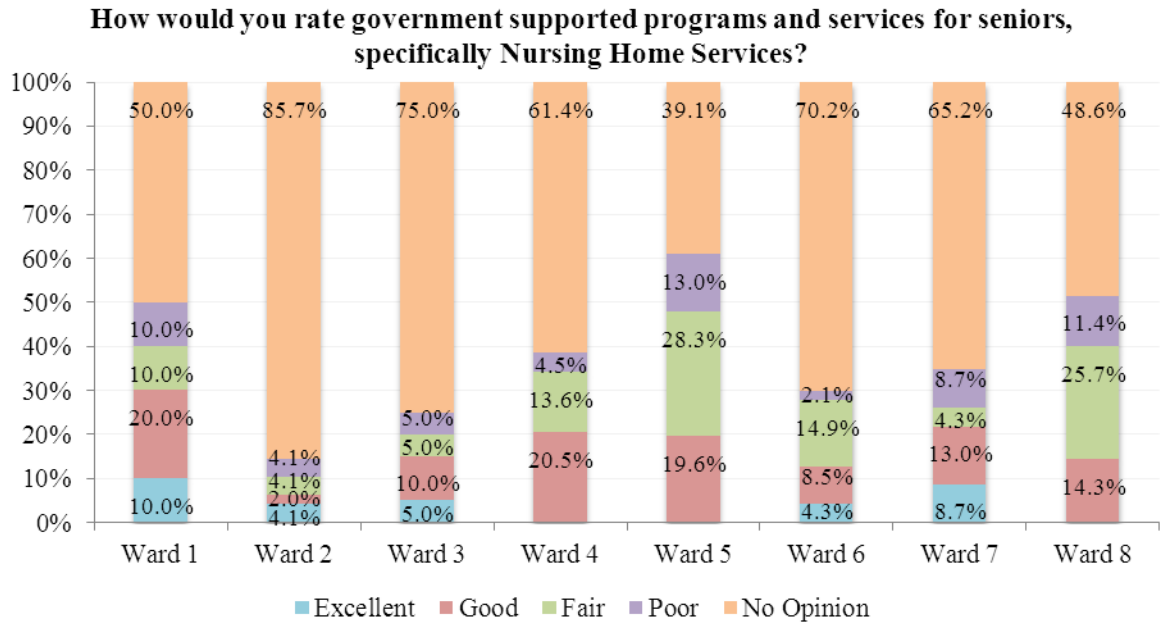
regarding government supported nursing home services, most likely because they have not utilized the services.

**Figure 24: Government Supported Nursing Home Services**



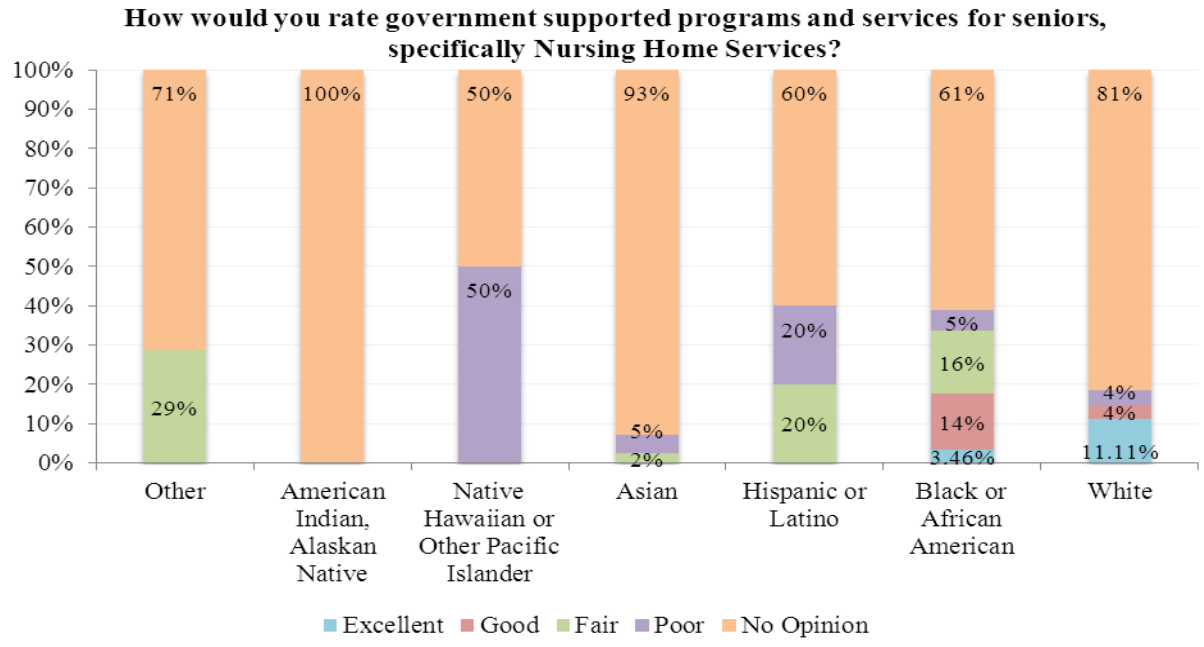

As seen in Figure 24, Ward 1 reported the highest percentage (nearly 30%) rating nursing home services as “excellent” or “good.” Wards 5 and 8 rated government supported nursing home services the lowest. Also significant to note are the percentages of respondents that had “no opinion” of government supported nursing home services.

**Figure 25: Government Supported Nursing Home Services among Wards**




Among race/ethnic groups, minorities tended to rate government supported nursing home services least favorably. Notably, there were high percentages of "no opinion" responses among all race/ethnic groups.

**Figure 26: Government Supported In-Home Support Services among Race/Ethnicity**



## Nutrition.

### *Definition and importance.*

Food insecurity is defined as not having access at all times to enough food for an active, healthy lifestyle due to a lack of resources (Johnson, 2008). The issue of food security is of particular importance among special populations such as seniors and persons living with disabilities, particularly those with low incomes. Food security plays a vital role in combating poor physical health, mental health and malnutrition.

### *Descriptive discussion of focus area.*

The majority of the focus group participants stated they had enough food to eat in the past 12 months; however, they knew of other seniors who did not have enough food to eat during this same time period. Similarly, the Asian and persons living with disabilities participants also reported having enough food to eat in the past 12 months; however, they too knew of other seniors who did not have enough food to eat during this same time period. On the other hand, participants in Wards 2 and 3 mentioned that during the past 12 months they did not have enough food to eat due to insufficient income and the lack of transportation to food banks. The Hispanic or Latino focus group participants also reported lack of transportation as a reason why they did not always have access to enough nutritious food.

In addition, participants mentioned that some seniors cannot afford to eat nutritionally balanced healthy food. Many seniors are on a fixed income and they have difficulty paying their bills so affording nutritional food is a challenge. One participant noted that she is aware of a senior that eats fast food such as hamburgers and French fries every day because that is the only meal that he can afford. One participant in Ward 7 mentioned that supermarkets are not accessible while another participant stated that there is a lack of fresh produce where they shop.

Similarly, participants in the Hispanic or Latino and Asian groups cited that seniors cannot afford to eat nutritionally balanced healthy food. Also, due to medical conditions it is hard to eat a balanced diet.

Focus group participants recommend that DCOA collaborate with the District of Columbia Human Services to implement a program to provide seniors with food stamps or vouchers to help supplement their food allowance so that they can purchase healthier foods.

***Discussion of quantitative analysis.***

To help determine nutritional status, respondents were asked to provide how often, in the past month, they have needed help getting enough food or the right kinds of food to eat. The results, as reported in Table 18, show:

- Residents living in Ward 2 reported most often that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.
- Among age groups, persons living with disabilities ages 18-59, reported most often that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.
- Among race/ethnic groups, Asians reported most often that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.
- Respondents earning less than $15,000 annually most often indicated that they needed “a lot” or “some” help getting enough food or the right kinds of food to eat in the past month.

**Table 18: Nutritional Status**

| In the past month, have you needed help trying to get enough food or the right kinds of food to eat? If so, how much? | A lot | Some | None | Don’t know |
|---|---|---|---|---|

| In the past month, have you needed help trying to get enough food or the right kinds of food to eat? If so, how much? | A lot | Some | None | Don't know |
|---|---|---|---|---|
| **Ward 1** | 2.8% | 13.9% | 81.9% | 1.4% |
| **Ward 2** | 3.7% | 19.8% | 74.1% | 2.5% |
| **Ward 3** | 1.3% | 10.4% | 87.0% | 1.3% |
| **Ward 4** | 1.4% | 4.2% | 91.5% | 2.8% |
| **Ward 5** | 2.5% | 19.0% | 76.1% | 2.5% |
| **Ward 6** | 3.1% | 14.0% | 80.5% | 2.3% |
| **Ward 7** | 2.9% | 17.1% | 77.1% | 2.9% |
| **Ward 8** | 3.8% | 13.5% | 80.8% | 1.9% |
| **18 to 59 years** | 0.0% | 33.3% | 66.7% | 0.0% |
| **60 to 64 years** | 5.9% | 10.7% | 81.7% | 1.8% |
| **65 to 69 years** | 0.0% | 18.0% | 80.0% | 2.0% |
| **70 to 74 years** | 3.2% | 12.8% | 78.8% | 5.1% |
| **75 to 79 years** | 4.3% | 14.8% | 77.8% | 3.1% |
| **80 to 84 years** | 1.4% | 11.3% | 85.8% | 1.4% |
| **85 to 89 years** | 0.0% | 7.9% | 87.6% | 4.5% |
| **90 to 94 years** | 0.0% | 4.0% | 96.0% | 0.0% |
| **95 years and older** | 0.0% | 8.3% | 91.7% | 0.0% |
| **Male** | 3.4% | 10.1% | 84.8% | 1.8% |
| **Female** | 1.8% | 14.9% | 80.1% | 3.2% |
| **Transgender** | 0.0% | 0.0% | 100.0% | 0.0% |
| **Caucasian** | 1.5% | 5.6% | 91.9% | 1.0% |
| **Black or African American** | 2.9% | 13.2% | 81.4% | 2.5% |
| **Hispanic or Latino** | 0.0% | 21.4% | 78.6% | 0.0% |
| **Asian** | 3.2% | 41.9% | 38.7% | 16.1% |
| **Native Hawaiian or Other Pacific Islander** | 0.0% | 33.3% | 66.7% | 0.0% |
| **American Indian, Alaskan Native** | 0.0% | 33.3% | 66.7% | 0.0% |
| **Other** | 0.0% | 16.7% | 79.2% | 4.2% |
| **Less than $10,000** | 5.4% | 21.1% | 69.6% | 4.0% |
| **$10,000 to less than $15,000** | 2.4% | 20.6% | 75.4% | 1.6% |
| **$15,000 to less than $20,000** | 1.5% | 13.8% | 80.0% | 4.6% |

| In the past month, have you needed help trying to get enough food or the right kinds of food to eat? If so, how much? | A lot | Some | None | Don't know |
|---|---|---|---|---|
| **$20,000 to less than $25,000** | 1.4% | 8.5% | 83.1% | 7.0% |
| **$25,000 to less than $30,000** | 5.6% | 8.3% | 86.1% | 0.0% |
| **$30,000 to less than $35,000** | 0.0% | 7.9% | 92.1% | 0.0% |
| **$35,000 to less than $40,000** | 0.0% | 7.4% | 92.6% | 0.0% |
| **$40,000 to less than $45,000** | 0.0% | 5.9% | 94.1% | 0.0% |
| **$45,000 to less than $50,000** | 0.0% | 8.0% | 92.0% | 0.0% |
| **$50,000 to less than $60,000** | 2.0% | 6.1% | 89.8% | 2.0% |
| **$60,000 to less than $75,000** | 0.0% | 8.3% | 91.7% | 0.0% |
| **$75,000 or more** | 0.0% | 1.9% | 98.1% | 0.0% |

## Home delivered and congregate meals.

***Definition and importance.***

Home-delivered meals are an OAA program that provides a meal at the participant's place of residence and must provide the recommended dietary allowances established by the National Research Council of the National Academy of Sciences. Home delivered meals improve or maintain nutritional status, functioning and independence for homebound individuals.

Congregate Meals is an OAA program that provides meals to participants at nutrition sites, senior centers or other congregate settings. Congregate Meals must meet nutrition and dietary guidelines and provide recommended dietary allowances established by the National Research Council of the National Academy of Sciences. Congregate Meals improve or maintain nutritional status, encourage socialization and prevent isolation among seniors and persons living with a disability.

***Descriptive discussion of focus area.***

Some focus group participants knew of seniors that received home delivered meals. Participants mentioned that the meals are oftentimes delivered late. In addition, in one

participant's opinion, the meals are not healthy because they are served with too much processed meat and the food is too salty. Also, a few participants cited that there is a lack of information about how to get congregate meals or delivered meals. A participant in the persons living with disabilities focus group mentioned that food is not tasty and not visually appealing. None of the other groups had an opinion on home delivered meals. Participants in the Asian group mentioned that the congregate meals are not of good quality. None of the other groups had an opinion on congregate meals.

Focus group participants made the following recommendations to improve the nutritional needs of seniors:

- DCOA should select home delivered vendors with similar high quality of food.
- DCOA should screen potential vendors better to ensure that they have the ability to prepare nutritionally balanced and tasty food.

***Discussion of quantitative analysis.***

As Table 15 shows, home delivered meals are delivered most widely to:

- Ward 6
- Seniors aged 90-94 years old
- Males
- Blacks or African Americans
- Those earning less than $30,000 annually

**Table 19: Receipt of Home Delivered Meals**

| Do you receive home delivered meals? | Yes | No |
|---|---|---|
| **Ward 1** | 15.0% | 85.0% |
| **Ward 2** | 5.1% | 94.9% |
| **Ward 3** | 5.9% | 94.1% |
| **Ward 4** | 0.0% | 100.0% |
| **Ward 5** | 9.5% | 90.5% |
| **Ward 6** | 31.2% | 68.8% |
| **Ward 7** | 8.0% | 92.0% |
| **Ward 8** | 8.8% | 91.2% |
| **18 to 59 years** | 12.5% | 87.5% |
| **60 to 64 years** | 15.0% | 85.0% |
| **65 to 69 years** | 10.1% | 89.9% |
| **70 to 74 years** | 16.2% | 83.8% |
| **75 to 79 years** | 16.3% | 83.8% |
| **80 to 84 years** | 15.5% | 84.5% |
| **85 to 89 years** | 15.6% | 84.4% |
| **90 to 94 years** | 36.4% | 63.6% |
| **95 years and older** | 25.0% | 75.0% |
| **Male** | 19.0% | 81.0% |
| **Female** | 14.5% | 85.5% |
| **Transgender** | 0.0% | 0.0% |
| **Caucasian** | 12.0% | 88.0% |
| **Black or African American** | 17.3% | 82.7% |
| **Hispanic or Latino** | 0.0% | 100.0% |
| **Asian** | 6.5% | 93.5% |
| **Native Hawaiian or Other Pacific Islander** | 0.0% | 100.0% |
| **American Indian, Alaskan Native** | 0.0% | 100.0% |
| **Other** | 12.5% | 87.5% |
| **Less than $10,000** | 22.4% | 77.6% |
| **$10,000 to less than $15,000** | 14.9% | 85.1% |

| Do you receive home delivered meals? | Yes | No |
|---|---|---|
| **$15,000 to less than $20,000** | 12.9% | 87.1% |
| **$20,000 to less than $25,000** | 0.0% | 100.0% |
| **$25,000 to less than $30,000** | 50.0% | 50.0% |
| **$30,000 to less than $35,000** | 0.0% | 100.0% |
| **$35,000 to less than $40,000** | 11.1% | 88.9% |
| **$40,000 to less than $45,000** | 0.0% | 100.0% |
| **$45,000 to less than $50,000** | 0.0% | 100.0% |
| **$50,000 to less than $60,000** | 0.0% | 100.0% |
| **$60,000 to less than $75,000** | 0.0% | 100.0% |
| **$75,000 or more** | 0.0% | 100.0% |

## Transportation.

***Definition and importance.***

The DCOA transportation services make it possible for individuals to participate in nutrition, social and recreation activities in the District of Columbia. DCOA provides transportation through the Washington Elderly Handicapped Transportation Service (WEHTS), the Call 'N' Ride Transportation Program, and the Washington Metropolitan Area Transit Authority (WMATA).

***Descriptive discussion of focus area.***

The three modes of transportation mostly used by focus group participants were: (1) drive or ride in car; (2) Metrobus or Metrorail; and (3) MetroAccess. The majority of participants in Wards 1 and 4 drive and a few take the Metrobus or Metrorail to travel locally. The majority of participants in Wards 2 and 3 take the Metrobus or Metrorail, whereas a few participants drive when they go places. The majority of participants in Wards 5 and 6 take MetroAccess for health care services, while a few drive. The majority of participants in Wards 7 and 8 take the Metrobus

or Metrorail, however a few take MetroAccess for health care services. The majority of LGBT participants stated they drive or take the Metrobus or Metrorail. The majority of Hispanic or Latino and Asian participants take the Metrobus or Metrorail or walk. The majority of participants in the persons living with disabilities group take the Metrobus or Metrorail, while a few take MetroAccess.

The majority of participants in all groups noted that are not happy with services provided by a current transportation vendor. The main reason cited was that the service is constantly late picking up passengers and as a result seniors arrive late for their appointments. It was mentioned that buses do not arrive on time and this impacts the arrival for their doctor appointments as well. Participants cited that after 7:00 p.m. transportation is limited which can be a problem for seniors that want to participate in evening events. In addition, the fares for MetroAccess, Metrobus, and Metrorail are not affordable for seniors. As mentioned in the discussion about nutrition, many seniors are on a fixed income and they have difficulty paying their bills so they cannot afford to pay high transportation fares. Furthermore, participants mentioned that transportation is not easily accessible. It was also noted that the proximity of bus stops is often not convenient for seniors who often have to walk blocks to take a bus.

Focus group participants made the following recommendations to improve transportation:

- DCOA should collaborate with Washington Metropolitan Area Transit Authority (WMATA) to train bus drivers to remove passengers seated in reserved seats for seniors and persons living with disabilities.
- DCOA should collaborate with WMATA to offer free or reduced fares for seniors.
- DCOA should provide taxi vouchers to help seniors with transportation needs.

***Discussion of quantitative analysis.***

Across the District of Columbia, the most widely used method of transportation is driving or riding in a car, followed by Metrobus or Metrorail and MetroAccess among seniors and persons living with disabilities as demonstrated in Table 20.

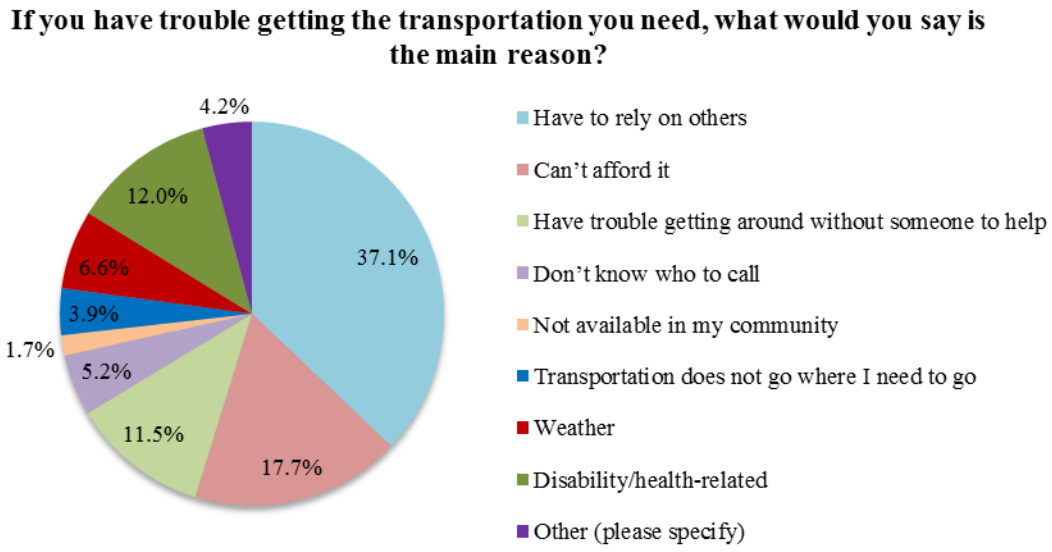
**Table 20: Mode of Transportation**

| How do you travel locally on a regular basis? | Drive or ride in a car | MetroAccess | Take Metro or bus | Take a senior van, shuttle, or minibus | Take a taxi | Walk | Never leave house |
|---|---|---|---|---|---|---|---|
| **Ward 1** | 31.0% | 21.1% | 36.6% | 0.0% | 5.6% | 4.2% | 1.4% |
| **Ward 2** | 37.0% | 8.6% | 35.8% | 1.2% | 14.8% | 2.5% | 0.0% |
| **Ward 3** | 49.3% | 5.3% | 36.0% | 0.0% | 2.7% | 6.7% | 0.0% |
| **Ward 4** | 69.3% | 8.0% | 17.9% | 0.9% | 0.9% | 2.8% | 0.0% |
| **Ward 5** | 50.3% | 14.5% | 24.5% | 3.8% | 4.4% | 1.3% | 1.3% |
| **Ward 6** | 39.9% | 20.5% | 24.0% | 6.2% | 2.7% | 6.2% | 0.4% |
| **Ward 7** | 47.2% | 11.1% | 25.0% | 8.3% | 2.8% | 5.6% | 0.0% |
| **Ward 8** | 59.6% | 13.5% | 23.1% | 0.0% | 0.0% | 3.8% | 0.0% |
| **18 to 59 years** | 28.6% | 28.6% | 28.6% | 0.0% | 0.0% | 14.3% | 0.0% |
| **60 to 64 years** | 50.0% | 9.5% | 31.0% | 0.0% | 3.6% | 6.0% | 0.0% |
| **65 to 69 years** | 53.0% | 9.5% | 30.0% | 2.0% | 1.5% | 4.0% | 0.0% |
| **70 to 74 years** | 48.4% | 16.1% | 26.1% | 3.1% | 2.5% | 3.7% | 0.0% |
| **75 to 79 years** | 43.8% | 16.7% | 29.6% | 1.9% | 4.9% | 3.1% | 0.0% |
| **80 to 84 years** | 47.8% | 13.2% | 19.9% | 9.6% | 5.9% | 2.9% | 0.7% |
| **85 to 89 years** | 53.8% | 16.5% | 16.5% | 4.4% | 2.2% | 5.5% | 1.1% |
| **90 to 94 years** | 42.6% | 21.3% | 14.9% | 2.1% | 12.8% | 4.3% | 2.1% |
| **95 years and older** | 50.0% | 16.7% | 16.7% | 0.0% | 8.3% | 0.0% | 8.3% |
| **Male** | 53.5% | 10.6% | 25.6% | 2.1% | 3.9% | 4.1% | 0.3% |
| **Female** | 45.4% | 15.7% | 26.8% | 3.9% | 3.9% | 3.9% | 0.5% |
| **Transgender** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| **Caucasian** | 55.6% | 2.5% | 28.8% | 2.0% | 4.5% | 6.6% | 0.0% |

| How do you travel locally on a regular basis? | Drive or ride in a car | MetroAccess | Take Metro or bus | Take a senior van, shuttle, or minibus | Take a taxi | Walk | Never leave house |
|---|---|---|---|---|---|---|---|
| **Black or African American** | 48.7% | 17.5% | 23.6% | 3.6% | 2.6% | 3.5% | 0.6% |
| **Hispanic or Latino** | 33.3% | 8.3% | 58.3% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Asian** | 8.3% | 5.6% | 58.3% | 0.0% | 22.2% | 5.6% | 0.0% |
| **Native Hawaiian or Other Pacific Islander** | 50.0% | 0.0% | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| **American Indian, Alaskan Native** | 57.1% | 14.3% | 28.6% | 0.0% | 0.0% | 0.0% | 0.0% |
| **Other** | 54.2% | 8.3% | 12.5% | 4.2% | 8.3% | 8.3% | 4.2% |
| **Less than $10,000** | 29.9% | 23.2% | 32.9% | 4.4% | 5.0% | 4.4% | 0.3% |
| **$10,000 to less than $15,000** | 32.5% | 15.4% | 35.8% | 5.7% | 3.3% | 5.7% | 1.6% |
| **$15,000 to less than $20,000** | 50.7% | 13.4% | 25.4% | 4.5% | 1.5% | 4.5% | 0.0% |
| **$20,000 to less than $25,000** | 59.4% | 11.6% | 18.8% | 0.0% | 7.2% | 1.4% | 1.4% |
| **$25,000 to less than $30,000** | 65.7% | 11.4% | 17.1% | 2.9% | 2.9% | 0.0% | 0.0% |
| **$30,000 to less than $35,000** | 63.2% | 10.5% | 21.1% | 0.0% | 5.3% | 0.0% | 0.0% |
| **$35,000 to less than $40,000** | 77.8% | 3.7% | 7.4% | 3.7% | 3.7% | 3.7% | 0.0% |
| **$40,000 to less than $45,000** | 41.2% | 5.9% | 35.3% | 5.9% | 0.0% | 11.8% | 0.0% |
| **$45,000 to less than $50,000** | 76.0% | 4.0% | 4.0% | 0.0% | 0.0% | 16.0% | 0.0% |
| **$50,000 to less than $60,000** | 74.0% | 2.0% | 18.0% | 0.0% | 2.0% | 4.0% | 0.0% |
| **$60,000 to less than $75,000** | 62.5% | 8.3% | 16.7% | 4.2% | 4.2% | 4.2% | 0.0% |
| **$75,000 or more** | 64.8% | 1.9% | 22.9% | 0.0% | 5.7% | 3.8% | 1.0% |

Identifying potential reasons for transportation difficulties among seniors and persons living with disabilities is highly important in a city like the District of Columbia. The major reasons survey respondents reported when asked what is the main reason for having trouble getting transportation included: having to rely on others (37.1%), affordability (17.7%), having trouble getting around without assistance (11.5%), and restricted mobility due to disability or other health-related challenges.

**Figure 27: Reason for Transportation Difficulties**




## Employment.

### *Definition and importance.*

DCOA operates employment programs through public and private partnerships that include job placement training and a structured short-term volunteer program. The primary goal of the Older Workers Employment and Training Program (OWETP) is to increase employment and training opportunities for District of Columbia residents 55 and older. OWETP provides job matching and support services to ensure successful employment. Employment programs are

important because they give older workers an opportunity to earn additional income, develop an expanded support system and promote personal growth.

***Descriptive discussion of focus area.***

The unemployment rate for persons 55 and older has increased sharply since the beginning of the recession in December 2007. Nationally, unemployment rates for seniors are lower than those for other age groups and the national average (Bureau of Labor Statistics, 2010). The majority of focus group participants that were unemployed and looking for work cited they feel they are denied employment due to their age.

***Discussion of quantitative analysis.***

Table 21 represents the proportion of District seniors and persons living with disabilities reporting they are unemployed but looking for work. Ward 7 reported the highest percentage of persons unemployed but looking for work at the time of the survey. Additionally, persons living with disabilities ages 18-59 reported the highest percentage of persons unemployed but looking for work at the time of the survey.

**Table 21: Employment Status: Unemployed, looking for work**

| What is your current employment status? | Unemployed, looking for work |
|---|---|
| **Ward 1** | 4.2% |
| **Ward 2** | 2.5% |
| **Ward 3** | 2.2% |
| **Ward 4** | 3.6% |
| **Ward 5** | 6.4% |
| **Ward 6** | 3.9% |
| **Ward 7** | 10.6% |
| **Ward 8** | 0.0% |
| **18 to 59 years** | 10.0% |
| **60 to 64 years** | 7.4% |

| What is your current employment status? | Unemployed, looking for work |
|---|---|
| **65 to 69 years** | 4.9% |
| **70 to 74 years** | 4.2% |
| **75 to 79 years** | 2.2% |
| **80 to 84 years** | 1.3% |
| **85 to 89 years** | 0.0% |
| **90 to 94 years** | 0.0% |
| **95 years and older** | 0.0% |
| **Male** | 5.0% |
| **Female** | 2.9% |
| **Transgender** | 0.0% |

## Caregiving and respite care.

***Definition and importance.***

DCOA funds the District of Columbia Caregivers' Institute (DCCI) which provides support to unpaid caregivers who provide care to older, vulnerable residents, persons with dementia, older grandparents of disabled adults, and older grandparents that care for grandchildren. DCCI is a one-stop resource that assists caregivers with decision-making, planning, advocacy, and personal rejuvenation. Respite care is an important component of caregiver support that allows caregivers a reprieve from their caregiving responsibilities, giving them time to maintain their mental and physical health.

***Descriptive discussion of focus area.***

Most focus group participants, including LGBT, Hispanic or Latino, Asian, and persons living with disabilities have provided family members, friends, and neighbors with caregiving services on a regular basis. Most participants pointed out that they began their role as caregivers out of necessity because there was no one else to assume the role. Some participants stated that

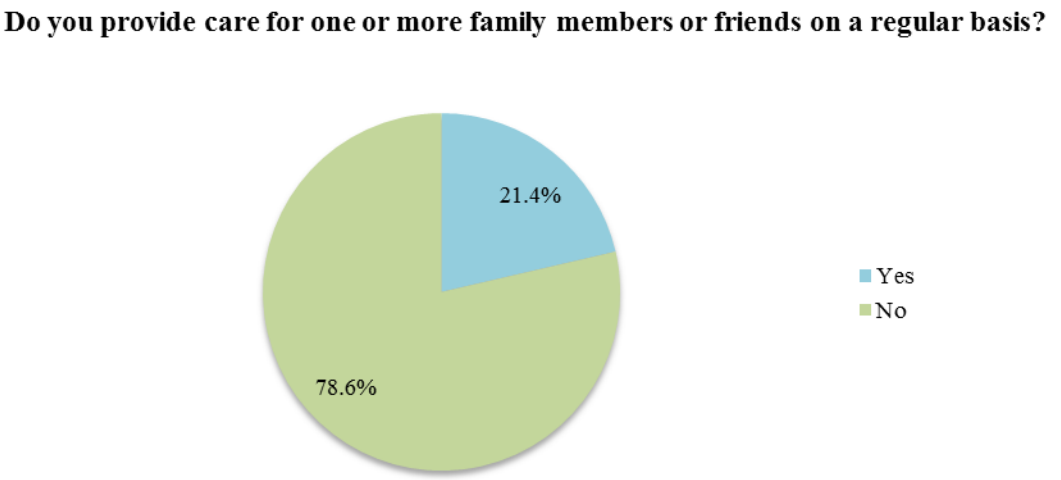
sometimes they feel the financial and emotional burden of caring for someone. Most participants were not aware of any support programs such as respite care for caregivers.

Focus group participants recommended that DCOA provide support for family caregivers.

***Discussion of quantitative analysis.***

Survey respondents were asked a series of questions about caregiving, of which 21.4% of survey respondents reported they provide care for one or more family members or friends on a regular basis.

**Figure 28: Caregiving Status**



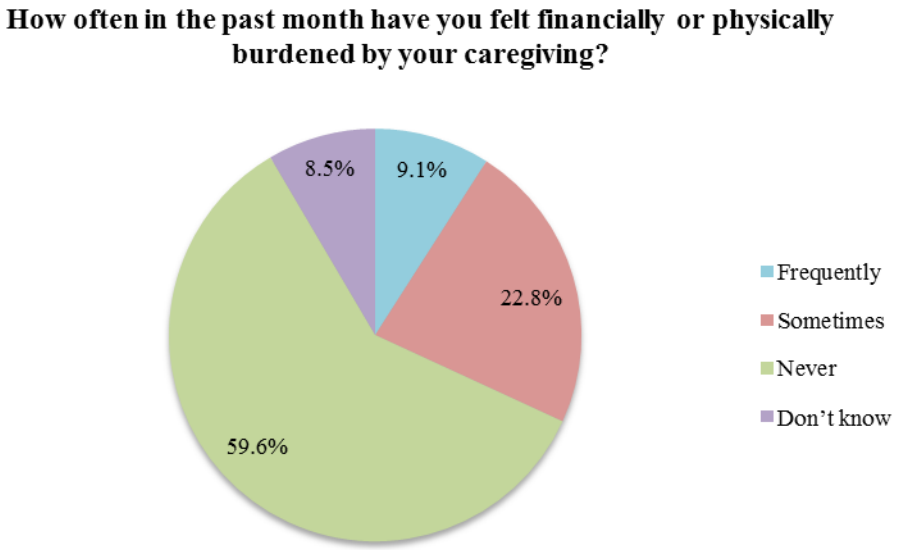

As shown in Table 22, blacks or African Americans reported the highest percentage of senior caregivers. Additionally, respondents ages 80-84 years old reported the highest percentage of senior caregivers providing care to a family member or friend.

**Table 22: Caregiving Status**

| Do you provide care for one or more family members or friends on a regular basis? | Yes | No |
|---|---|---|
| **Caucasian** | 25.0% | 75.0% |
| **Black or African American** | 33.5% | 66.5% |
| **Hispanic or Latino** | 19.0% | 81.0% |
| **Asian** | 28.5% | 71.5% |
| **Native Hawaiian or Other Pacific Islander** | 20.6% | 79.4% |
| **American Indian, Alaskan Native** | 14.5% | 85.5% |
| **Other** | 12.8% | 87.2% |
| **18 to 59 years** | 4.0% | 96.0% |
| **60 to 64 years** | 0.0% | 100.0% |
| **65 to 69 years** | 14.1% | 85.9% |
| **70 to 74 years** | 22.3% | 77.7% |
| **75 to 79 years** | 14.3% | 85.7% |
| **80 to 84 years** | 46.9% | 53.1% |
| **85 to 89 years** | 33.3% | 66.7% |
| **90 to 94 years** | 0.0% | 100.0% |
| **95 years and older** | 28.0% | 72.0% |

Overall, looking at Figure 29, the majority (59.6%) of respondents who reported they provided caregiving services to a family member or friend stated they had not felt financially or physically burdened by their caregiving in the past month. However, nearly one-third (31.9%) of respondents reported they had “frequently” or “sometimes” experienced a physical or financial burden in the past month as the result of their caregiving.

**Figure 29: Physical or Financial Burden Among Caregivers**




Of those serving as a caregiver to a family member or friend, respondents were asked to report the physical and/or financial burden. Table 23 shows:

- Residents in Ward 7 and Ward 4 reported having the most physical and financial burdens as a result of their caregiving.
- Those making between $40,000 and $45,000 reported having the most physical and financial burdens as a result of their caregiving.

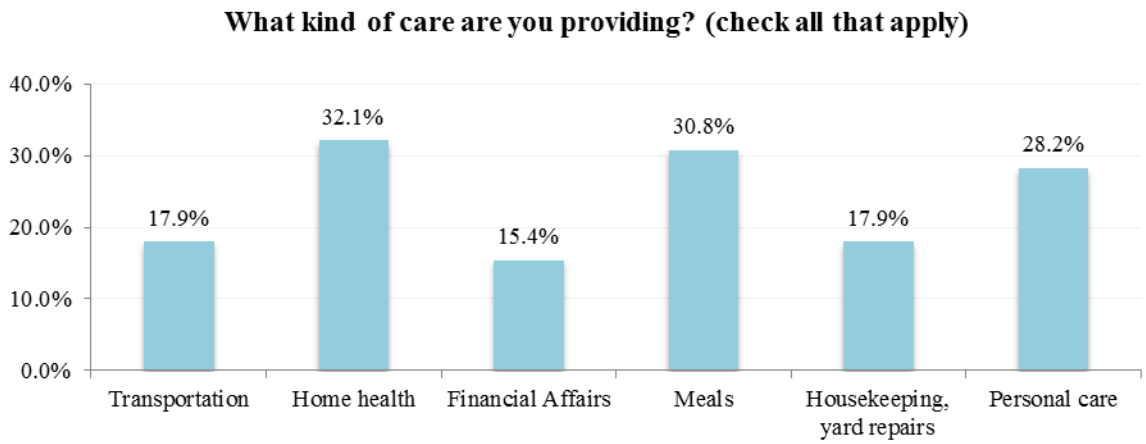
**Table 23: Financial or Physical Burden of Caregiving**

| How often in the past month have you felt financially or physically burdened by your caregiving? | Frequently | Sometimes | Never | Don't know |
|---|---|---|---|---|
| **Ward 1** | 3.4% | 31.0% | 62.1% | 3.4% |
| **Ward 2** | 8.7% | 17.4% | 65.2% | 8.7% |
| **Ward 3** | 4.5% | 13.6% | 81.8% | 0.0% |
| **Ward 4** | 12.3% | 25.9% | 56.8% | 4.9% |
| **Ward 5** | 5.4% | 30.4% | 48.2% | 16.1% |
| **Ward 6** | 8.0% | 14.7% | 68.0% | 9.3% |
| **Ward 7** | 15.4% | 23.1% | 61.5% | 0.0% |
| **Ward 8** | 8.7% | 26.1% | 52.2% | 13.0% |

| How often in the past month have you felt financially or physically burdened by your caregiving? | Frequently | Sometimes | Never | Don't know |
|---|---|---|---|---|
| **Less than $10,000** | 10.0% | 23.3% | 52.2% | 14.4% |
| **$10,000 to less than $15,000** | 9.5% | 19.0% | 61.9% | 9.5% |
| **$15,000 to less than $20,000** | 0.0% | 30.0% | 55.0% | 15.0% |
| **$20,000 to less than $25,000** | 11.8% | 23.5% | 50.0% | 14.7% |
| **$25,000 to less than $30,000** | 17.6% | 11.8% | 70.6% | 0.0% |
| **$30,000 to less than $35,000** | 15.0% | 20.0% | 60.0% | 5.0% |
| **$35,000 to less than $40,000** | 0.0% | 33.3% | 66.7% | 0.0% |
| **$40,000 to less than $45,000** | 16.7% | 33.3% | 33.3% | 16.7% |
| **$45,000 to less than $50,000** | 0.0% | 18.2% | 81.8% | 0.0% |
| **$50,000 to less than $60,000** | 0.0% | 30.0% | 70.0% | 0.0% |
| **$60,000 to less than $75,000** | 16.7% | 16.7% | 66.7% | 0.0% |
| **$75,000 or more** | 11.8% | 20.6% | 64.7% | 2.9% |

Caregivers were also asked what type of caregiving services they provide. Most caregivers reported they provide home health (32.1%) and meal preparation (30.8%), followed by personal care (28.2%). Assistance with financial affairs (15.4%) was the least provided caregiver service.

**Figure 30: Type of Caregiving Services**



## Medicaid/Medicare.

### *Definition and importance.*

Medicare covers most people 65 or older and those with long-term disabilities. Part A, a hospital insurance plan, also pays for home health visits and hospice care. Part B, a medical plan, pays for doctors' services, tests, and other health care providers' services.

Medicaid is a joint federal-state program that covers low-income people under age 65 and those who have exhausted Medicare benefits. It pays for hospital care, doctors' services, nursing-home care, home health services, family planning, and screening. Medicare/Medicaid information and benefits are essential to allowing seniors and persons living with a disability the ability to experience continuous health care coverage and benefits that allow them to maintain optimum health.

As shown in Table 24, when compared to the nation, the proportion of Medicare beneficiaries in the District of Columbia nearly equals the national percentage within age groups. However, there are vast differences in the proportion of Blacks and Whites that receive Medicare in the District of Columbia versus the nation.

**Table 24: Medicare Facts-At-a-Glance**

| Facts | DC | | US | | Notes |
|---|---|---|---|---|---|
| | # | % | # | % | |
| **Medicare Beneficiaries** | - | - | - | - | - % total enrollees |
| Adults 19-64 | 11,100 | 15 | 7,232,800 | 16 | |
| Elderly 65-74 | 30,900 | 42 | 19,251,500 | 43 | |
| Elderly 75-84 | 20,100 | 27 | 12,394,800 | 28 | |
| Elderly 85+ | 10,400 | 14 | 4,810,600 | 11 | |
| **Medicare Beneficiaries by Race/Ethnicity** | - | - | - | - | - % total enrollees |
| White | 16,700 | 23 | 34,353,400 | 77 | |
| Black | 50,500 | 69 | 4,423,400 | 10 | |
| Hispanic | 4,200 | 6 | 3,502,900 | 8 | |
| Other | NSD | NSD | 2,047,600 | 5 | |
| **Duals as a % of Medicare Beneficiaries** | 29 | - | 21 | - | |
| **Medicare Spending by Residence** | - | - | - | - | |
| Total Spending (in millions) | $856 | - | $471,260 | - | |
| Per Enrollee Medicare Spending | $11,157 | - | $10,365 | - | |
| **Medicare Advantage Penetration** | - | 9.7 | - | 25.6 | - % of total enrollees |

**Source: Henry J. Kaiser Family Foundation, 2010**

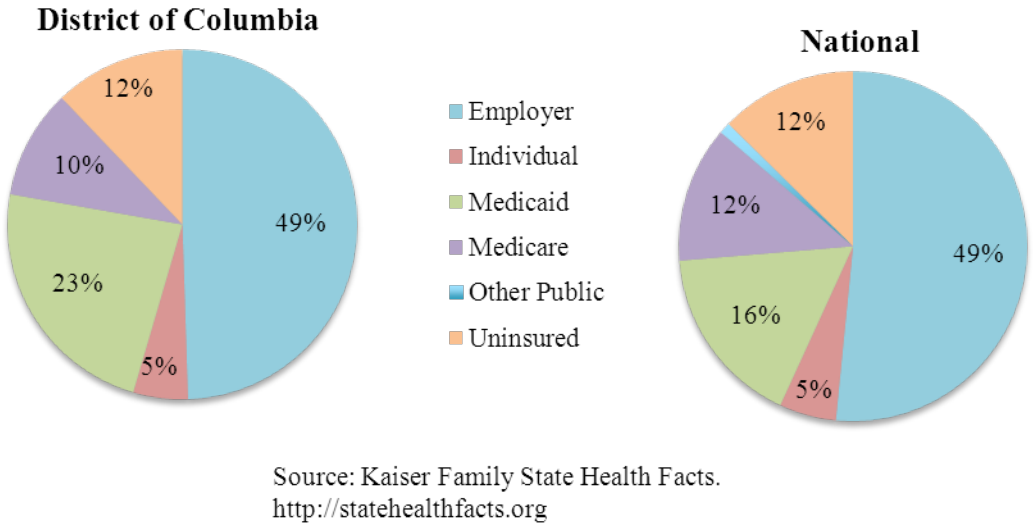
***Descriptive discussion of focus area.***

Focus group participants were not asked to respond to questions related to insurance status. Therefore, there is no descriptive discussion in this area.

***Discussion of quantitative analysis.***

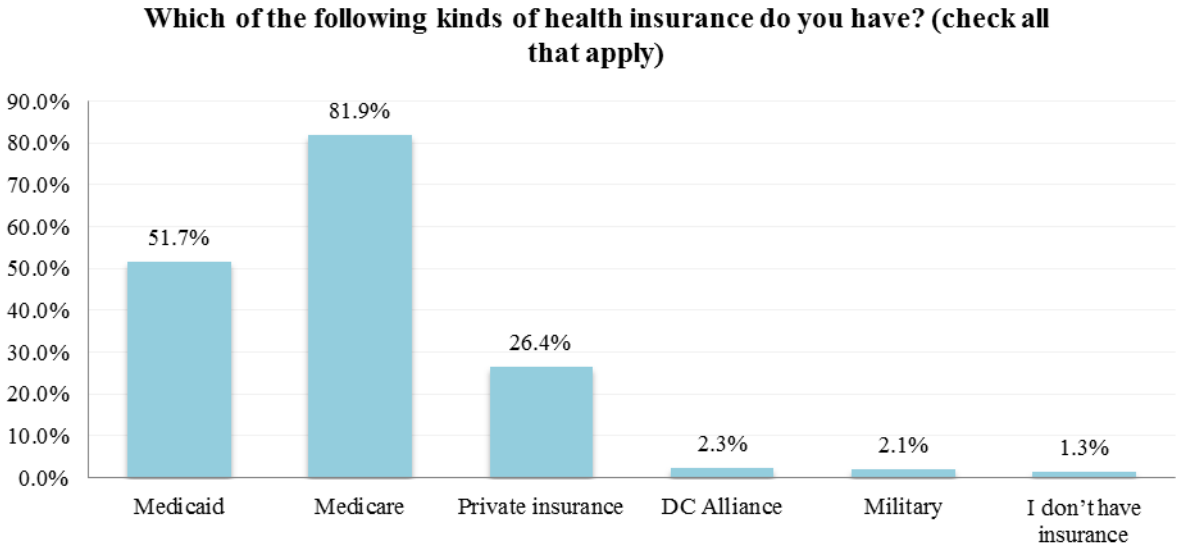
The District of Columbia has a very comprehensive system for health insurance with a very small proportion of residents having no form of health insurance as demonstrated below.

**Figure 31 Distribution by Insurance Status**




**Source: Henry J. Kaiser Family Foundation, 2010**

**Figure 32: Type of Health Insurance**




## Assisted living and housing placement.

***Definition and importance.***

Among survey respondents, 82% receive Medicare and nearly 52% also receive Medicaid as shown in Figure 32.

Assisted living, housing placement and nursing homes are DCOA referral and focus programs. The District government has 50 apartment developments totaling over 7,000 units

targeted or reserved for seniors. Assisted living and housing placement also allow seniors to age in place which can lead to large cost savings.

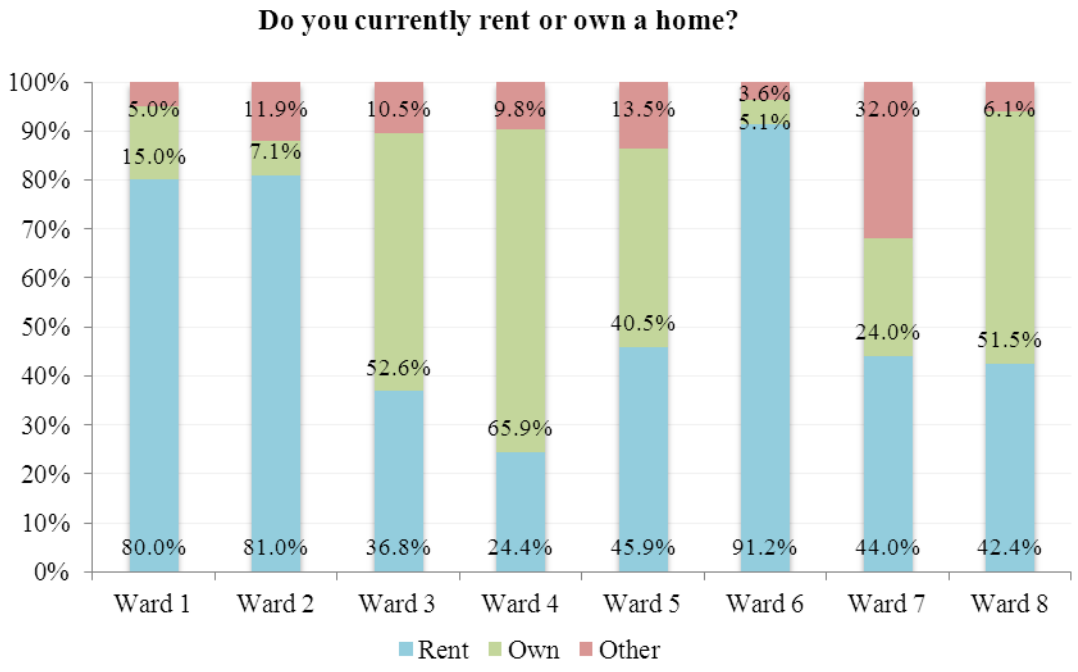
***Descriptive discussion of focus area.***

Focus group participants were not asked to respond to questions related to assisted living and housing placement. Therefore, there is no descriptive discussion in this area.

***Discussion of quantitative analysis.***

Figure 33 represents the percentage of respondents who rent or own a home by ward. Among survey respondents, Ward 6 (92%) had the highest percentage of renters and Ward 4 (24%) the lowest percentage of renters. Additionally, Ward 4 (66%) had the highest percentage of homeowners and Ward 6 (5%) had the lowest percentage of homeowners.

**Figure 33: Rent vs. Own a Home**



## Legal services.

### *Definition and importance.*

Legal services provides assistance to people otherwise unable to afford legal representation and access to the court system. There are a number of delivery models for legal services that include staff attorneys, private lawyers or firms, or a non-profit community legal clinic. DCOA refers clients to legal services provided through individual or class case representation by an attorney or personnel supervised by an attorney. Individual legal representation is also employed to assist clients who need to complete a public benefits application, recertification, and/or appeal process. Legal services seek to protect and secure rights, benefits and entitlements for seniors, persons living with a disability and their caregivers.

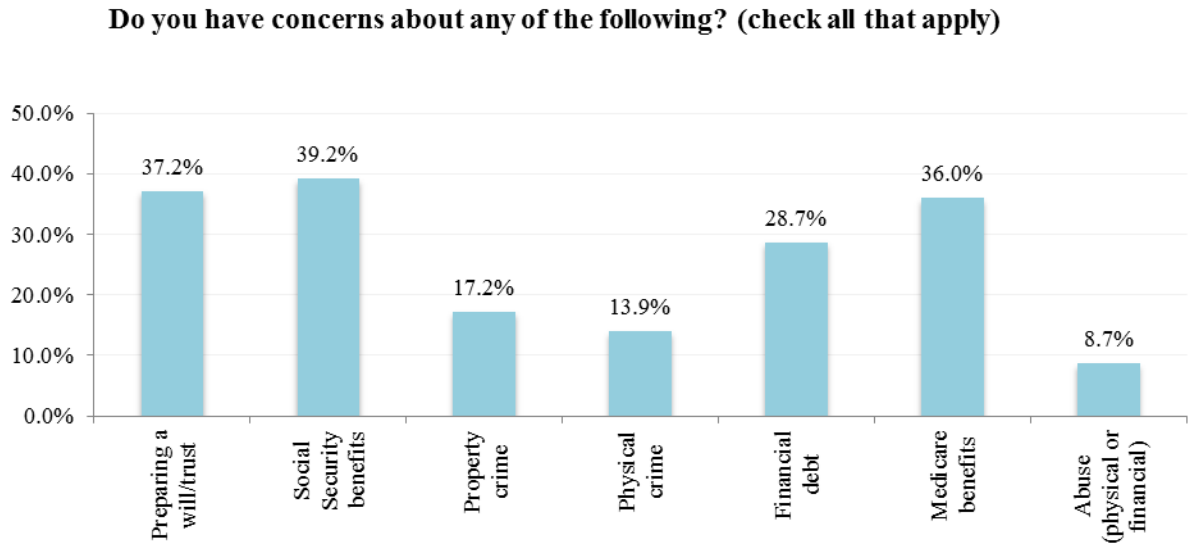
### *Descriptive discussion of focus area.*

Participants cited that they were concerned about the following abuse issues: taking money or personal property, not having personal care needs met, neglect, and emotional abuse. One participant believed that seniors are abused due to illiteracy. The Hispanic or Latino group stated that they would like to have more information about abuse. In addition, as previously mentioned in the employment section, seniors that are unemployed looking for work believe that they are being taken advantage of due to their age.

### *Discussion of quantitative analysis.*

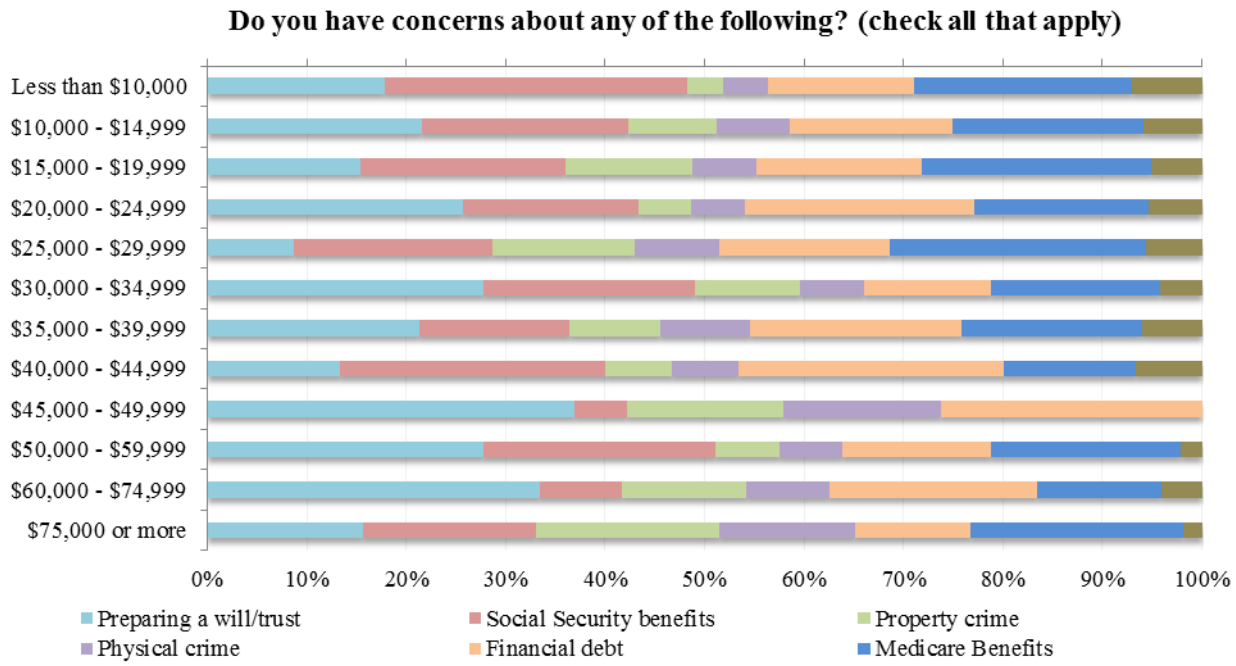
Survey respondents reported having the most legal concerns with Social Security benefits (39.2%), preparing a will or trust (37.2%), and Medicare benefits (36.0%). Of least concern was physical or financial abuse (8.7%) as depicted in Figure 34.

**Figure 34: Legal Concerns**




Survey responses to legal concerns varied by respondents' level of income. Respondents with annual incomes of $45,000 or higher reported their most concern was preparing a will or trust, while respondents earning an annual income of $25,000 or less reported their most concern was Medicare benefits. All income levels reported similar concerns for Social Security benefits and financial debt.

**Figure 35: Legal Concerns by Level of Income**


Do you have concerns about any of the following? (check all that apply)
Less than $10,000
$10,000 - $14,999
$15,000 - $19,999
$20,000 - $24,999
$25,000 - $29,999
$30,000 - $34,999
$35,000 - $39,999
$40,000 - $44,999
$45,000 - $49,999
$50,000 - $59,999
$60,000 - $74,999
$75,000 or more
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Preparing a will/trust
Social Security benefits
Property crime
Physical crime
Financial debt
Medicare Benefits

# Community Resource Inventory

## Background

Understanding of the local and national agencies that study and advise on public policy issues as well as provide actual service delivery to seniors, persons living with disabilities, senior caregivers, and other special populations affords these communities the ability to access services from the federal government, foundations, state and regional governments, national commissions, consortia, and non-profit advocacy organizations headquartered in the District of Columbia. The views of community service providers are essential to determining the needs of the District of Columbia community and can offer a sound basis for providing additional or different types of services. Aside from the actual recipients of services, community service providers have the most insight into those recipients of services compared to any other segment of the population. Unlike individual service recipients, community service providers can often see more of the overall effectiveness of services in place and can provide useful advice in this context. These experiences often lead to valuable suggestions and recommendations regarding innovative or more efficient service options.

## Methodology

In consultation with DCOA, a survey instrument was designed to gain insight into the needs of the target populations: seniors (age 60 and older), persons living with disabilities (age 18-59 years), senior caregivers, and special populations within these groups. The purpose of the survey was to identify the services offered and to help determine identifiable gaps in service delivery and in the capacity of current community service providers.

The community resource inventory survey was distributed to 178 community service providers, inside and outside of DCOA senior service network. Twenty community providers responded to the survey representing a response rate of 11%. In addition to the community resource inventory, there were a number of other survey activities employed to assess the level, type, and quality of services being provided to the groups identified for this report.

This section is divided into topical areas that identify services provided and determine services that should be provided. These topical areas are: health care, transportation, abuse, neglect, financial exploitation, recreation, and community services and support. In many cases, other District government agencies provide services directly to clients. In those instances, DCOA augments those services or may facilitate the delivery of services by providing case management, options counseling, or referral services.

## Findings

### Background.

Service providers and community organizations were identified by type of organization, physical location within a ward, and the extent of their program's reach including those providers who may be physically located in a single ward but serving multiple . In addition, community service providers identified the types of services they provide and where those services are currently being provided.

Figure 36 shows the proportion of providers and organizations responding to the survey that is public, private non-profit, private for-profit, and "other." Of the respondents that categorized their organization as "other," one organization was a government agency (public) and the other was categorized as a non-profit service agency.

**Figure 36: Type of Organization**


Figure 37, the location of responding service providers within the eight  of the District of Columbia is given. Some organizations provide ward-based and citywide programs and services;

therefore it was also important to capture the extent of the provider's services throughout the District of Columbia.

**Figure 37: Location of Organization by Ward**

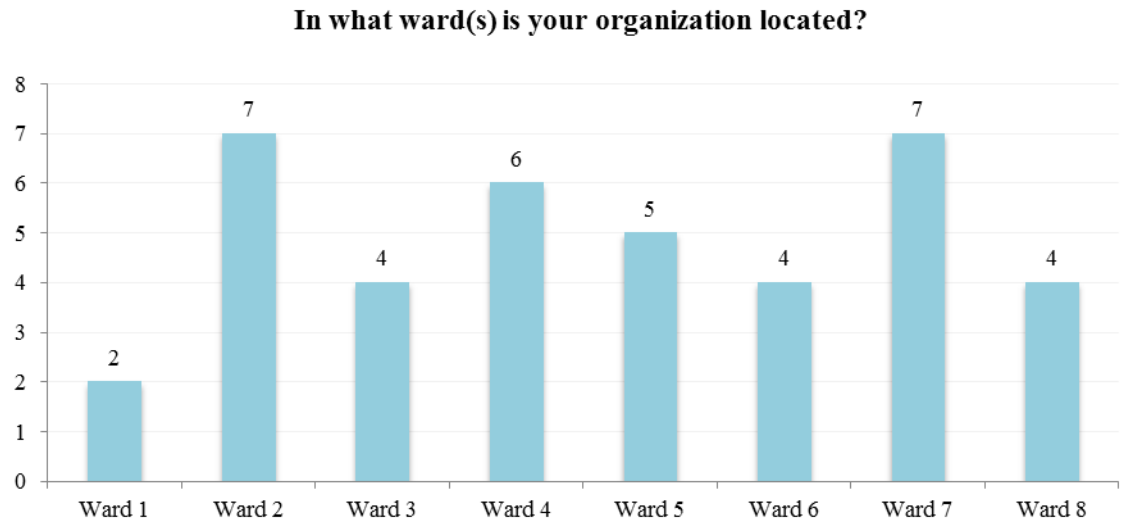
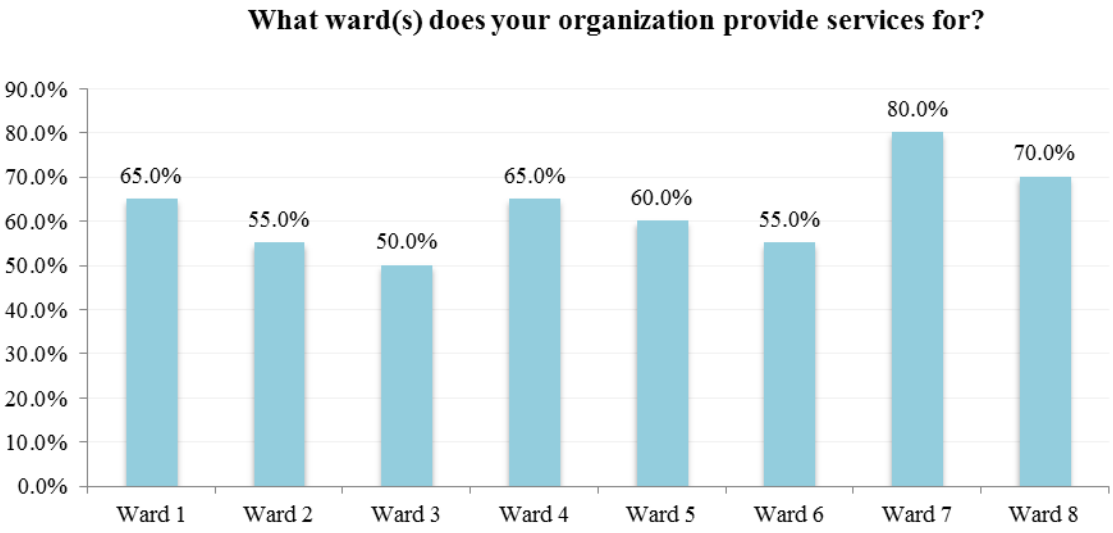



Figure 38 graphs the Wards in which responding service providers state their organization provides services.

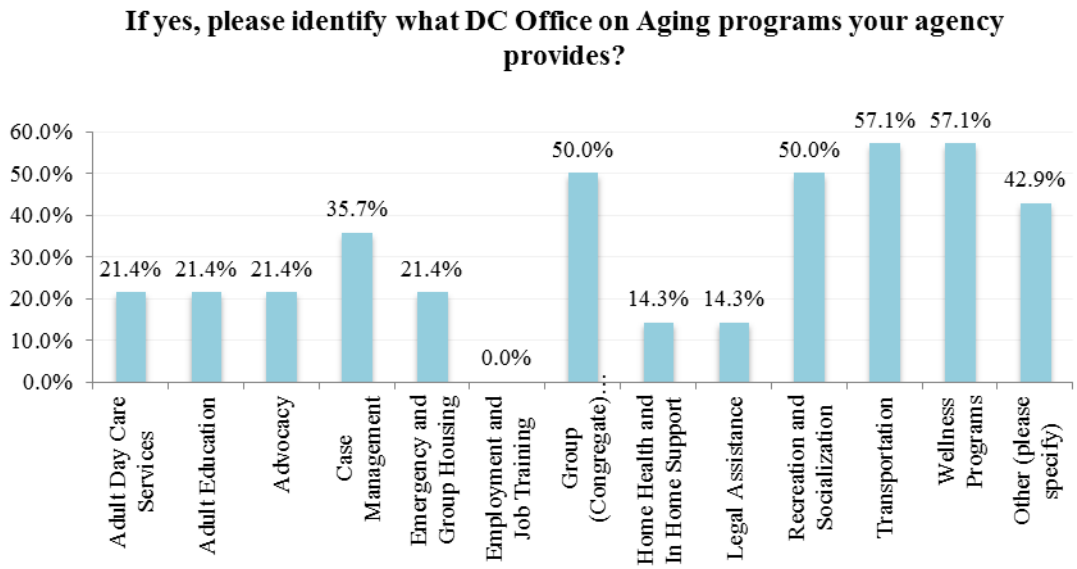
**Figure 38: Community Service Providers Provision of Services by Ward**



As Figure 38 depicts, of the responding organizations, 80% of the organizations provide services to Ward 7, 70% of the organizations provide services to Ward 8, 65% of the organizations provide services to Ward 1 and Ward 4, 60% of the organizations provide services to Ward 5, 55% of the organizations provide services to Ward 6 and Ward 2, and 50% of the organizations provide services to Ward 3. This information indicates that a number of the responding organizations provide services to multiple  demonstrating that clients from all parts of the District have access to some services.

Figure 39 shows DCOA programs and services provided by responding organizations. Responses that indicate "other" included: home-delivered meals, crisis intervention, caregiver support services, volunteer legal assistance, and nutrition education and counseling.

**Figure 39: DCOA Services Offered by Community Service Providers**



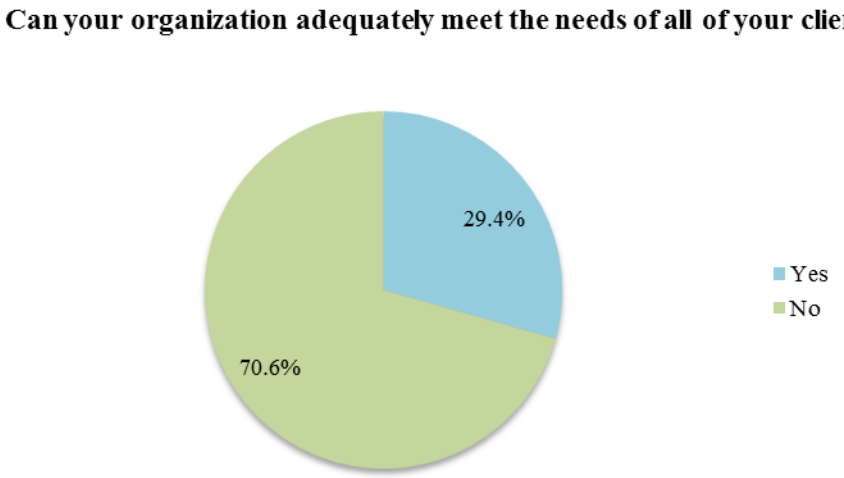

## Provider capacity to serve.

The capacity of service providers to serve and meet the needs of clients can play an important role in decisions to increase or decrease funding and create policies or programs to support agencies. The community resource inventory showed that the responding providers

currently serve between eight and 50,000 clients with a mean of 3,658. Providers also responded to the question asking how many clients their organization has the capacity to serve. The results were very revealing showing that two providers are currently over their service capacity and eight providers are currently at or very close to their service capacity.

As seen is Figure 40 below, responses to whether providers felt they could adequately meet the needs of all of their clients showed that 70.6% of providers feel they are not able to adequately meet the needs of all of their clients while 29.4% of providers feel they are able to adequately meet the needs of all of their clients.

**Figure 40: Community Service Provider Ability to Meet Client Needs**



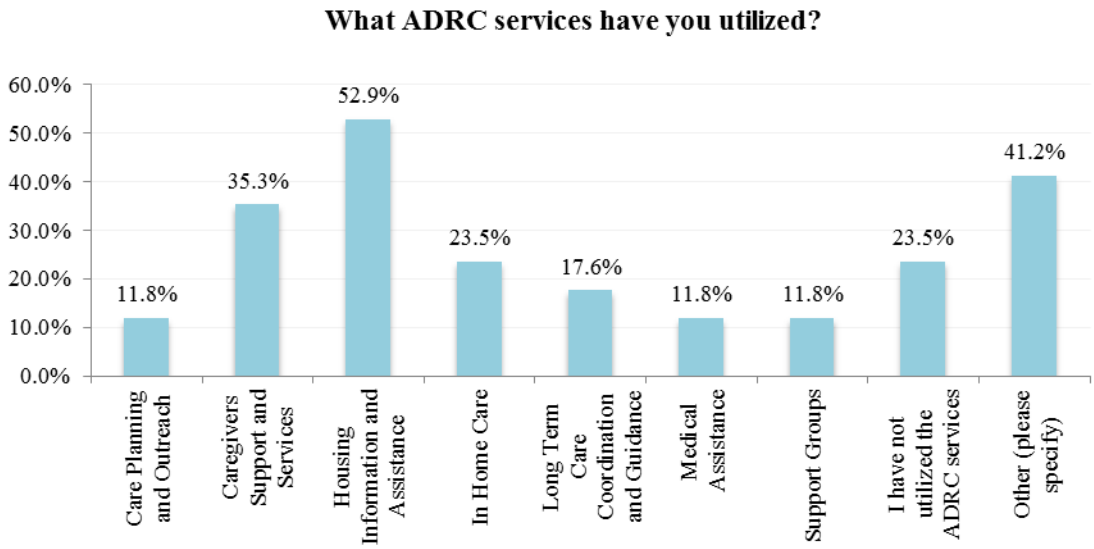

### Office on Aging relationships.

Relationships play a vital role in any partnership or collaboration. DCOA must maintain strong relationships with service providers and community organizations to meet the needs of its constituents. Key questions in this section were related to the organization's familiarity with DCOA programs and services, including the ADRC, the District of Columbia's one-stop source for public and private information and assistance related to long-term care services for seniors and persons living with disabilities.

Respondents were asked if they felt DCOA has good relationships with community stakeholders of whom 82.4% responded, “yes”, while 17.6 % of respondents responded, “no.”

Almost all (94.1%) of the responding service providers and community organizations stated they are familiar with the ADRC, while only 70.6% of respondents stated they had utilized the ADRC. Figure 41 shows the ADRC services that responding service providers and community organizations have utilized, showing that the most widely utilized service is Housing Information and Assistance and the least utilized ADRC services are Care Planning and Outreach, Medical Assistance and Support Groups.

**Figure 41: Utilization of the Aging and Disability Resource Center**

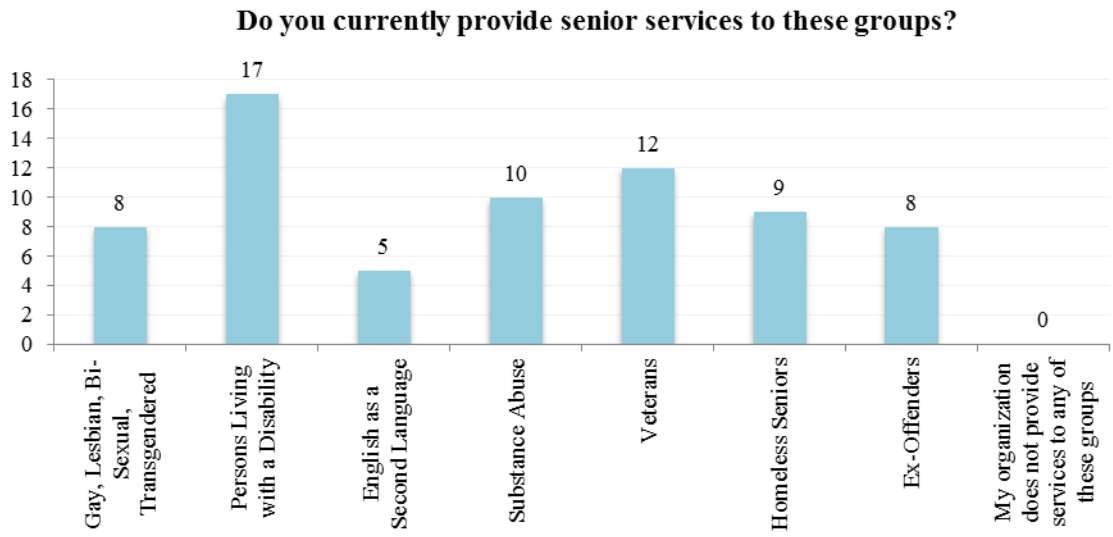



## Special populations.

As the demographics in the District of Columbia change, ensuring that special populations are identified and provided comprehensive services to remain healthy is vital to the overall health of the community. DCOA was particularly interested in determining whether identified special populations: LGBT, persons living with disabilities, English as a second language, Veterans, homeless seniors, and substance abusers are being served adequately by DCOA and other District government programs.

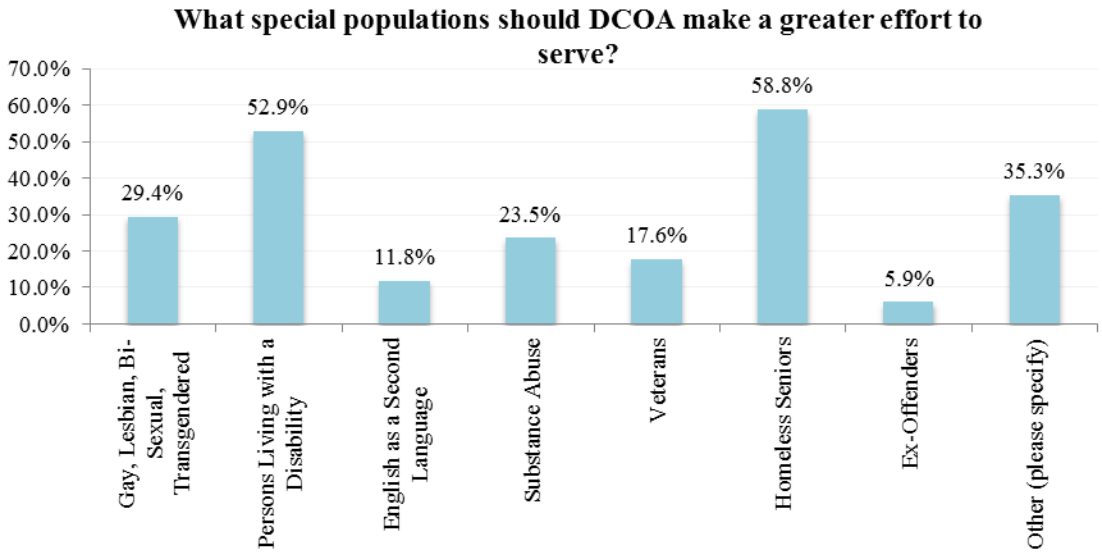
Figure 42 graphically depicts the special population groups that responding providers currently provide services to, showing that all of the responding organizations provide services to at least one special population group.

**Figure 42: Community Service Provider Services by Special Population**



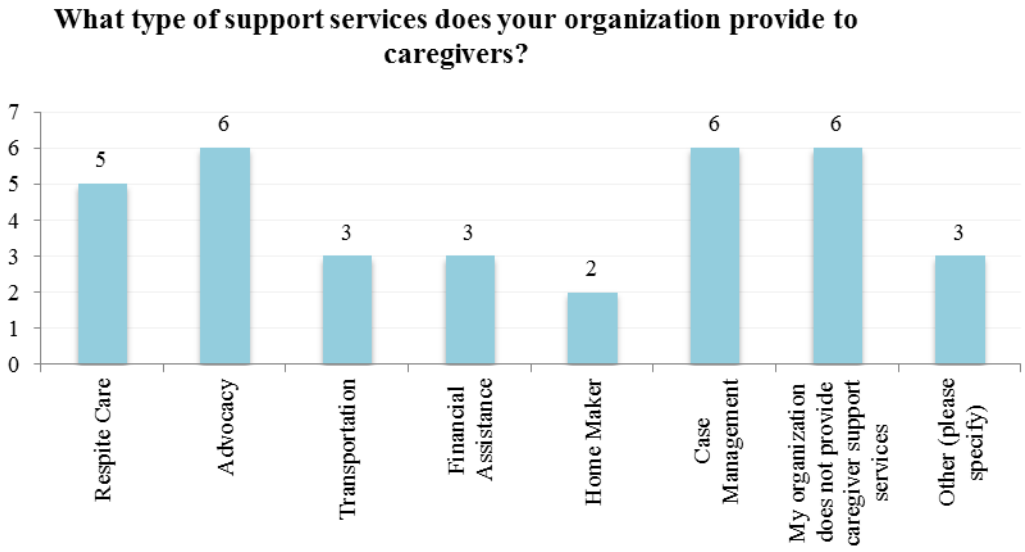

Looking to Figure 43, when asked what special populations DCOA should make a greater effort to serve, based on their knowledge and experience, the majority of service providers and community organizations responded that DCOA should make a greater effort to serve homeless seniors (58.8%), followed by persons living with disabilities (52.9%), “other” groups (35.3%), LGBT (29.4%), substance abusers (23.5%), Veterans (17.6%), English as a Second Language (11.8%) and ex-offenders (5.9%). “Other” groups identified were seniors in nursing homes or those that require home health aides and those with mental health issues.

**Figure 43: Special Populations to be Served by DCOA**




Caregivers are an important part of the long-term delivery of health care for seniors and persons living with disabilities. In this regard, support is critical so that caregivers can maintain their own mental, physical, and emotional health. Over half (52.9%) of the responding service providers and community organizations reported they provide support services for caregivers showing that the most widely offered services are advocacy and case management and the least offered services are home maker, transportation, and financial assistance. “Other” responses included: Alzheimer’s support, crisis intervention and counseling and referrals. Figure 44 graphically depicts how many of the responding organizations provide specific support services to caregivers.

**Figure 44: Support Services Provided by Community Service Providers**




### Health care, mental health and substance abuse section.

To determine the accessibility of medical facilities, community service providers who have a health clinic or hospital outpatient facility in their service area were identified. A majority of respondents (87.5%) reported that the community their organization services has a health clinic or outpatient facility. Respondents also reported that most of the clinics or outpatient facilities are open to people with different income levels and is also located on a bus route or is Metro accessible.

Although service providers reported that there are health clinics or outpatient facilities within the community open to people with different income levels, 62.5% also reported that seniors with limited incomes have a problem accessing health care services or prescription drugs.

Service providers were also asked if there are facilities in their community that offer home health, substance abuse, mental health and/or adult day care services of which the majority of respondents reported that there are facilities in their community that provide these services.

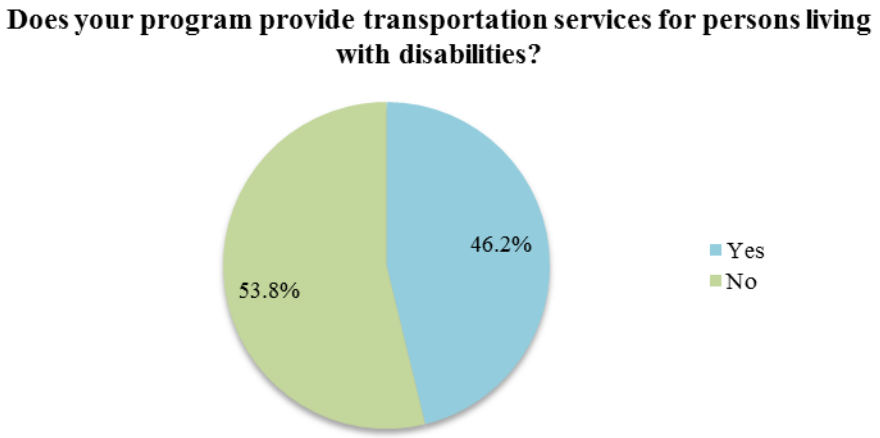
However, 56.3% of service providers reported that there are no adult day care facilities that provide Alzheimer's disease care.

### Transportation services.

The results regarding the adequacy of transportation services were positive: 92% of the community service providers generally felt their clients were provided with adequate information about alternative forms of transportation; 100% felt either a Metrobus stop or a Metrorail station was near their organization; 92% of the community service providers felt that their clients' homes were near either a Metrobus stop or a Metro station; MetroAccess was available to 100% of the clients of all the community service providers; and 84% felt that the sidewalks and curbs in their clients' living area were well maintained and accessible for seniors and for persons living with disabilities.

In Figure 45, 46.2% of responding organizations report they provide transportation services for persons living with disabilities.

**Figure 45: Community Service Providers Offering Transportation Services for Persons Living with Disabilities**

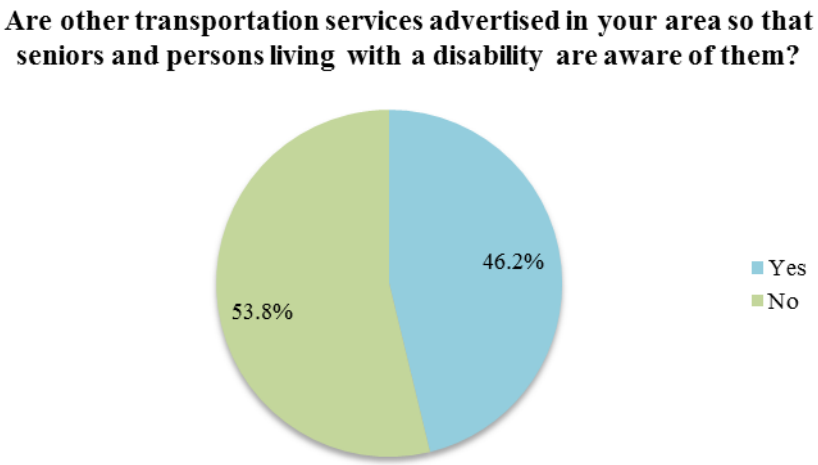



More than two-thirds (69%) of community service providers who responded to the survey provide transportation services for seniors. While less than half (46%) of the respondents provide transportation services for persons living with disabilities and only 38% of the respondents have

programs to provide transportation services for dialysis and other regularly scheduled medical services. Finally, most community service providers reported that 92% of their clients do not have access to a volunteer transportation service in their area.

Figure 46 shows a majority (nearly 54%) of community service providers felt alternative transportation services for seniors and persons living with disabilities were not being widely advertised in their areas.

**Figure 46: Other Transportation Services Advertised**




## Abuse, Neglect, and Financial Exploitation.

The responses from community service providers regarding their awareness of unsolved serious crimes committed against seniors indicated that nearly one in three providers (almost 31%) were aware of seniors in their area that were the victims of such crimes. At the same time, a large majority (over 61%) of the providers stated that their perception is that seniors in their service areas felt safe.

In addition, a sizeable percentage of community service providers (38.5%) indicated that they are aware of abuses committed against seniors or persons living with disabilities. A majority of community service providers (53.8%) do currently provide services or resources for seniors,

persons with disabilities and caregivers who are being physically, mentally, emotionally or financially abused.

### Recreation services.

The results of the survey regarding the availability of recreation services were very positive. One hundred percent of the community service providers who responded to the survey reported that there was a senior center, wellness center, or recreation center near the homes of the seniors they serve. In the view of community service providers, the vast majority of these centers (84%) have programs that help seniors become more self-sufficient. Ninety-two percent of the community service providers responding to the survey reported that there were centers nearby where seniors could exercise or engage in physical activity.

### Community services and support.

While all community service providers responding to the survey reported that they were aware of a directory of services for seniors, persons living with disabilities, and/or caregivers, over 69% of these community service providers also reported that these services were not well publicized.

Almost 77% of the community service providers reported there were seniors that volunteer in their area to help other seniors; 84% of the churches in their area provide services to seniors; and 69% of the community service providers use volunteers to provide services or information about their programs for seniors, persons living with disabilities, and caregivers.

Only 7% of the community service providers responding to the survey reported that they provide financial counseling services for seniors in their area. Community service providers reported a sizeable percentage of their client group were victimized by either unscrupulous

contractors or others, thus supporting the argument that financial counseling is a critically needed service for seniors, persons living with disabilities, and caregivers.

Over 92% of the community service providers responding to the survey reported that they provide opportunities for inter-generational discussions or activities with seniors. Sixty-nine percent of these community service providers offer information about the availability of legal services to seniors, persons living with disabilities and/or caregivers. In addition, 85% of these providers reported that the seniors they serve need affordable housing programs and 76% of respondents reported the availability of affordable housing as a serious problem.

## Conclusions

As the demographic composition of the District population continues to grow and change, the needs of special populations must be identified and addressed to maintain a healthy population. Service providers expressed that DCOA should make a greater effort to serve the following identified special populations:

- Homeless seniors;
- Persons Living with Disabilities;
- LGBT;
- Substances Abusers;
- Veterans;
- English as a Second Language; and
- Ex-Offenders.

Overall, although service providers reported that they feel that most seniors and persons living with disabilities have access to health care facilities in their communities, they also reported that seniors with limited incomes experience problems getting necessary prescription drugs and health care services.

In general, service providers felt that transportation services are adequate for seniors and persons living with disabilities. Fifty-four percent of service providers reported that they provide transportation services for persons living with disabilities. However, 54% of service providers also reported that alternative transportation services are not advertised in their service area so that seniors and persons living with disabilities are aware of them.

Even though one-third of the community service providers know of seniors who have been victimized by unscrupulous contractors and financial exploitation, only a small fraction of community service providers responding offer financial counseling services for their clients.

Community service providers also reported that the lack of affordable housing programs for seniors and persons living with disabilities is a problem in the District of Columbia.

The following maps show the service categories by ward of DCOA network providers of services and the out-of-network unpaid, natural supports, and additional community providers that District seniors, persons living with disabilities and senior caregivers can access.

**Figure 47: DCOA Provider Services**

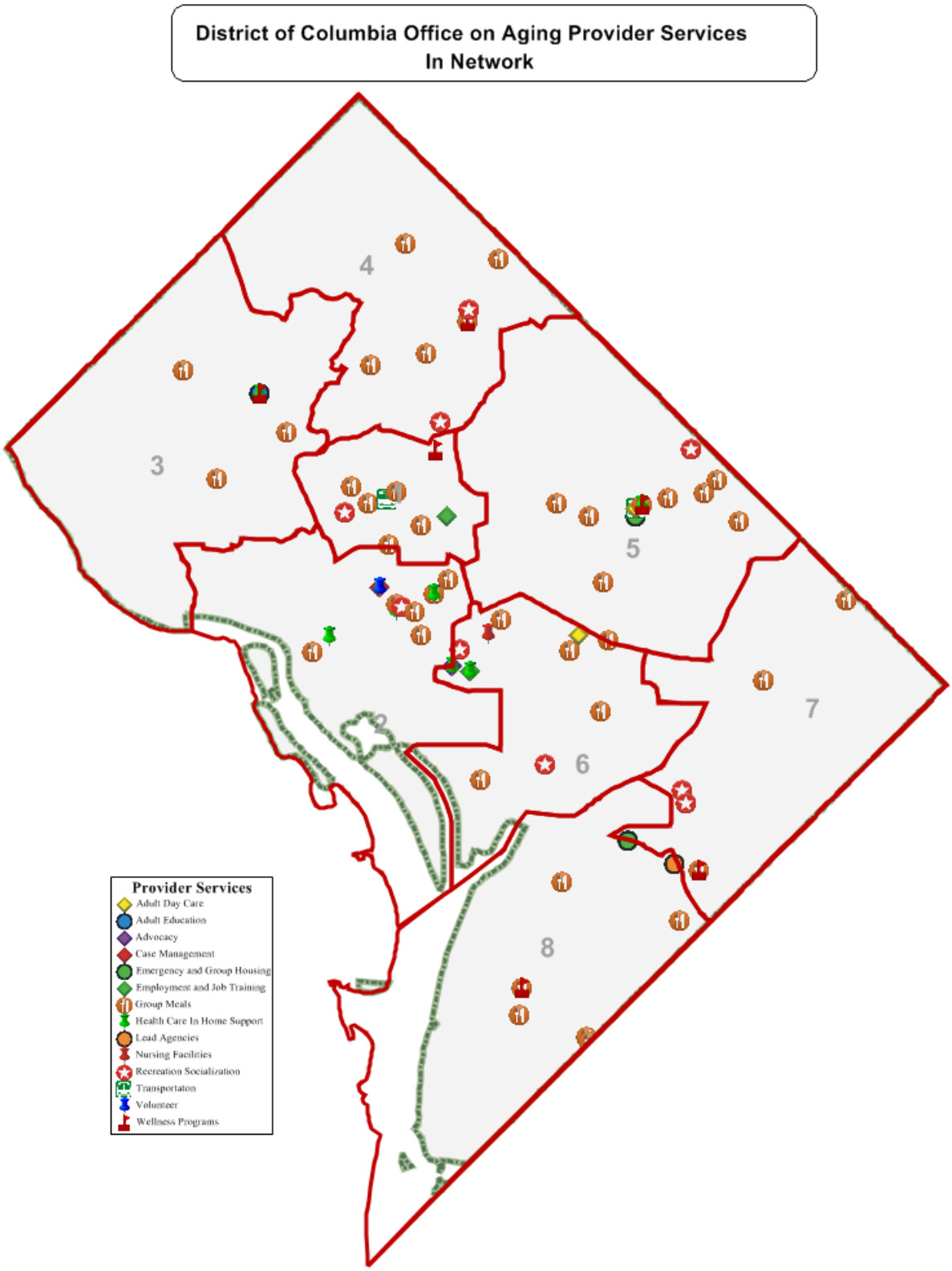
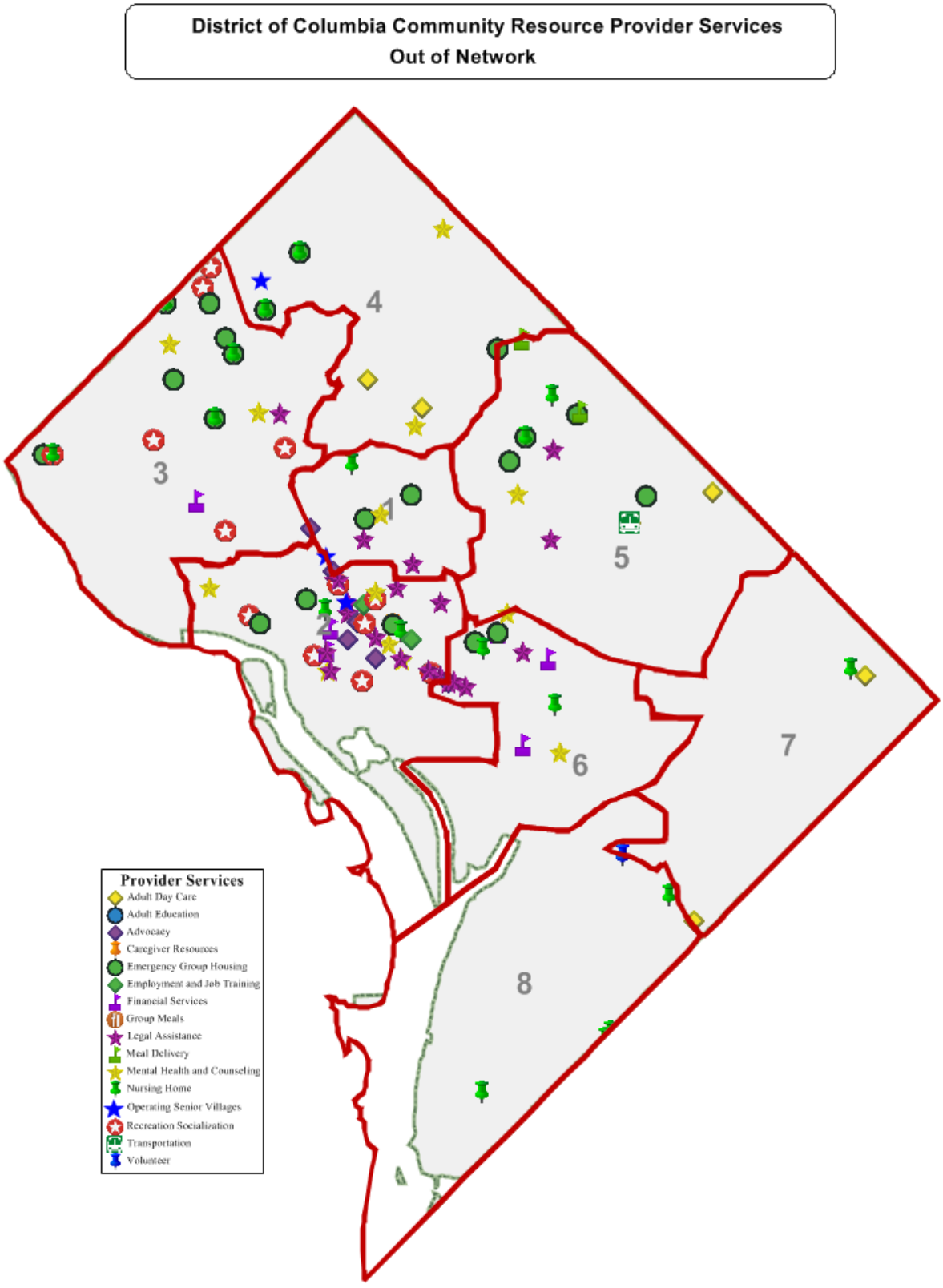


**Figure 48: District of Columbia Out-of-Network Provider Services**



The key questions in this section were related to whether community service providers believed their services were adequate to meet the current needs of their existing and potential client base, and whether the single DCOA point of entry, the Aging Disability Resource Center (ADRC), was widely known and well utilized. DCOA was particularly interested in determining whether special populations, LGBT, persons living with a disability, English as a Second Language, veterans, homeless seniors, were being served adequately by DCOA and other District government programs.

Finally, DCOA wanted to assess the needs of persons living with disabilities in the context of ADL or IADL.

# Older Adults on the Way: The Baby Boom Generation

A very important group that will have a considerable impact on the ability of local, state, and federal government agencies to provide services for seniors, caregivers, and the disabled is the baby boomer generation. The baby boomer generation is made up of those persons born between 1946 and 1964. In 2011, the first set of baby boomers turn 65 years old.

## Baby Boomers Nationally

The U.S. Census Bureau predicts that in the years between 2010 and 2050, there will be a rapid growth in the older population of people who are 65 years of age or older. In 2010, there were 40.2 million people over the age of 65. By 2050, the U.S. Census Bureau projects there will be 88.5 million people in the U.S. over the age of 65. This doubling of the number of seniors will significantly impact local as well as federal government budgets for senior services. At the same time, the level and type of services being requested will change depending on the specific demographics (U.S. Census Bureau, 2010).

The U.S. Census Bureau predicts some significant changes over the next several decades:

- Racial and ethnic diversity among the older population will increase. Over time, all racial groups will increase as the percentage of Caucasians in the older population decline. The older population is expected to be 42% minority by 2050. As of 2010, the older population was 20% minority.
- Medicare and Social Security will face some new significant policy and funding challenges. The number of people in the oldest age group, aged 85 or older, is expected to grow from 5.9 million in 2010 to 8.7 million people in 2030. In 2050, this group is expected to reach 19 million people.

The proportion of older people over the age of 65 is projected to increase and by 2030, there will be more than 70 million Americans over the age of 65 (The American Hospital

Association and First Consulting Group, 2007). This increase in the number of seniors in a fairly short period of time will present challenges to national and local policy makers and programs, having implications on the current system of care.

The majority of older adults suffer from at least one chronic condition. The American Hospital Association and First Consulting Group (2007) reported that by 2030 six out of 10 baby boomers will be managing more than one chronic condition. The number of aging baby boomers will increase the number of elderly with disabilities and the need for services. Significant changes in policies and the manner in which health care is provided to the older population will need to be addressed in the coming years (Long-Term Care: Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budget, 2002).

The Institute of Medicine (2008) "recommended a three-prong approach to addressing the growing population of older Americans that includes: (1) enhancing geriatric competence of the entire workforce; (2) increasing recruitment and retention of geriatric specialists and caregivers; and (3) improving the delivery of care" (p. 1). The approach that has the greatest implications for the way care is delivered is the third. Key principles for future care of older adults include:

- Addressing the health needs of the older population comprehensively;
- Providing services efficiently; and
- Encouraging older persons to be active partners in their own healthcare.

Toossi (2005) predicted that there will be a slowdown in the growth of the labor force due to the expectancy of baby boomers decreasing their participation rates and/or leaving the labor force. Historically, as cohorts of the U.S. population reached a certain age or retirement age, they left the labor force. Because of the recent economic downturn, baby boomers are remaining in the labor force longer. In many cases, their retirement funds have been dramatically

reduced and they have no choice but to continue working. In 2014, the labor force is predicted to be older and more diverse including large numbers of blacks or African Americans, Hispanics or Latinos, Asians and LGBT workers that will make up the American workforce (U.S. Census, 2010).

## District of Columbia Issues

Based on new census data, the pre-senior population is the fastest-growing in the District of Columbia, increasing by nearly 30% to about 64,000 during the last decade.

As they age, District of Columbia's baby boomers are projected to cause a significant increase in the senior population that mirrors the national trend, but it will not be quite as dramatic. The local housing market may impact the demographic projections; some baby boomers may sell their high value homes and move to lower cost areas in retirement, while others may choose to migrate into the city to take advantage of the benefits of centralized urban living.

Planning efforts should focus on the numbers of seniors who are expected to be in the District of Columbia because of the number of pre-seniors that are a part of the fastest growing population. District of Columbia's baby boomers are more likely to have income well above the federal poverty level than the city's current seniors age 65 or older (U.S. Census Bureau, 2010).

District of Columbia's baby boomers are significantly less likely to own their homes than are baby boomers nationally. Nationwide, 70% of all households headed by a baby boomer own their housing units; though lower in the District of Columbia, at only 42%. These figures have an impact on aging in place options for seniors, caregivers, and government agencies (U.S. Census Bureau, 2010).

Nationally, baby boomers have a higher level of education than any generation. In the District of Columbia, this trend is dramatic. More than 50% of the baby boomers in the District of Columbia had at least a bachelor's degree in 2010 (U.S. Census Bureau, 2010).

Overall, it is not clear what all the impacts will be locally for baby boomers entering their senior years. Higher income and education levels combined with the possibility that baby

boomers may now stay in the workforce longer, lead to the conclusion that the types of services that boomers will require will be quite different from the services currently provided.

# Conclusions

A very significant change in the senior population is rapidly approaching and will have a considerable impact on the ability of local, state, and federal government agencies to provide services. DCOA must recognize this oncoming challenge and commit to continuously expanding its services to better serve the growing population of seniors and persons living with disabilities.

In the District of Columbia, there is expected to be a sharper contrast between younger seniors, primarily baby boomers, who will have more education, more income in their work lives and larger pensions in retirement as compared with older seniors (85+) who typically have less education and less income. Based on projected population growth, it is possible to have an entirely different set of needs identified for DCOA's client groups in the next two decades as the number of baby boomers enlarges the pool of seniors, disabled, and special populations. At the same time, District government agency budgets may be reduced by continued economic stress nationally and by declines in the size of the available workforce.

# Recommendations

This section provides recommendations drawn from best practices and needs assessment findings. Recommendations for each of the 14 focus areas have been merged into four themes that will be discussed as follows.

## Outreach & Advocacy

Improved outreach to seniors is strongly encouraged. Feedback from a number of the needs assessment findings expressed strong concern about the lack of information or knowledge about programs and services for seniors. During key informant sessions, providers expressed concern that many seniors were unaware of services available to them. During focus group discussions, seniors and persons living with disabilities repeatedly expressed frustration about the lack of information related to senior programs, events, and services. Oftentimes, seniors complained that information was not available or was provided too late for their use.

**Recommendation 1:** Improve information dissemination. DCOA should expand ADRC programs to raise awareness about programs such as respite support offered through the ADRC and provide a direct response to senior inquiries. The ADRC should broadly promote their programs and services. DCOA should organize events, like senior fairs, to better inform seniors about its programs and services. According to the survey respondents, 77.4% of participants were unaware of the ADRC services.

**Recommendation 2:** Improve outreach by creating a senior television program segment. Seniors during focus group discussions proposed a senior program segment for DCTV. The segment could be implemented utilizing free public television, similar to the broadcast of city council hearings. They proposed airing the program on an established schedule, tailoring the

programming to educate seniors about senior services and recommended soliciting input from seniors to include in the segment.

**Recommendation 3:** Establish a senior based information network. The network would serve as a communications resource to maintain a link to seniors and provide important messages on a regular basis. One of the potential uses of the network will be to remind seniors through automated telephone calls about important services (e.g., new transportation service for seniors with limited mobility) or acquaint all seniors of changes in program services or similar information.

**Recommendation 4***:* Expand its Employment Training and Placement program to provide seniors with greater employment opportunities. According to seniors seeking jobs, more assistance is needed in order to help them find paid employment opportunities. DCOA should establish programs to develop job-related skills by providing work assignments with nonprofits and government agencies. Also, develop a senior workforce board to ensure the formation of partnerships throughout the community and representation of older workers on the Workforce Investment Council.

## Collaborations & Partnerships

The coordination between District government agencies is necessary because of the legislative and fiscal mandates that define the level and types of activity that agencies can engage in. The demographic changes that have been presented in this needs assessment and the programmatic realities that District government agencies will face argue strongly for close collaborations. DCOA should work closely with every major agency in the District of Columbia to ensure that needs of seniors are addressed within all agency programs.

**Recommendation 1:** Strengthen collaborations with the District of Columbia Department of Transportation (DDOT) to improve "walkability" for seniors and disabled residents. Utilizing data regarding the concentrated locations of seniors and disabled residents in order to design and improve walkability options is one critical step that DCOA and DDOT can take to improve the lives of seniors and the disabled. Timely sidewalk maintenance and more specific attention to the timing of traffic lights and the placement of stop signs are important ways to promote walkability options as well.

**Recommendation 2:** Enhance collaborations with the District of Columbia Department of Parks and Recreation (DPR) to initiate new programs to attract younger seniors to District of Columbia recreation centers to promote physical activity and maintain the highest level of mobility and independence. Because DCOA operates recreation, nutrition, health seminars, and health training programs for seniors at its wellness centers and DPR operates the District of Columbia's recreation centers, a strong collaboration between DCOA and DPR can provide new programs to support seniors. This partnership can also address concerns expressed in the focus group discussions about the lack of social interaction for seniors, especially those that live independently. In particular, the Hispanic or Latino focus group participants cited the lack of

socialization activities as the leading cause of depressions among Hispanic or Latino seniors. Asian participants felt there were no facilities that offer activities of interest to them, such as chess and mahjong.

**Recommendation 3:** Establish or strengthen a partnership or collaboration with the Office of Planning (OP) to help identify the best locations for community resources and amenities. DCOA and OP should develop a focused discussion process which includes seniors and the disabled as well as the agencies who serve them to help make and publicize decisions regarding community resources and amenities.

**Recommendation 4:** Build collaborations with key District of Columbia Public Schools (DCPS) and colleges, similar to the DCPS culinary arts program. This collaboration could pilot programs or use existing programs that offer training and certifications to prepare young people with an interest in geriatric services or studies in the field of gerontology. DCOA can utilize its existing relationship with the University of the District of Columbia's gerontology program. This partnership can introduce an internship program providing an ongoing source of professionals to serve the District of Columbia's senior community and allow for the opportunity to introduce other intergenerational partnerships.

**Recommendation 5:** Build a strong collaboration with the District of Columbia Department of Mental Health (DMH). As seniors age, particularly those 85 years and older, when fewer friends and peers remain for social interactions, they can become depressed and often express feelings of sadness. In addition, participants in a number of focus groups cited a lack of programs to address loneliness and depression. LGBT focus group participants reported having high rates of suicide that generally occur after the loss of a partner. A close partnership

with DMH can help foster programs to help seniors manage a variety of emotional and mental health issues.

**Recommendation 6:** Collaborate with the District of Columbia Department of Human Services (DHS) to enhance programs and services for low income seniors and persons living with disabilities. These programs and services can improve access for seniors to DHS programs like food stamps to supplement food allowances and promote healthier food purchases. The collaboration could also include programs to provide vouchers to eligible seniors and persons living with disabilities to assist with food purchases.

**Recommendation 7:** Expand the partnership with the District of Columbia Housing Authority (DCHA) to establish a resident assistant or floor captain system within senior housing facilities. Resident assistants or floor captains would be responsible for duties such as checking on other seniors on a regular basis to ensure and report wellness.

**Recommendation 8:** Establish or strengthen collaborations with the District of Columbia Regulatory Authority (DCRA) and the District Office of the Attorney General (OAG). This collaboration can build programs to identify unscrupulous contractors who take advantage of seniors, review their licensing, gather complaints, and use an effective grievance process to benefit seniors. The OAG has the authority to prosecute contractors that harm seniors and violate the law.

**Recommendation 9:** Establish or strengthen collaborations with the MPD. Collaborations with MPD should include safety and awareness seminars for senior centers and people with disabilities and strategies to increase police presence near senior housing complexes and facilities with greater numbers of seniors and people with disabilities.

**Recommendation 10:** Collaborate with the District of Columbia Department of Public Works (DPW) to address the special needs of seniors with garbage pick-up challenges. A collaboration between DCOA and DPW can address a special problem that affects seniors with limited mobility and the disabled with less physical capability to handle their trash disposal needs both outside and sometimes inside their homes. Help with moving "supercans" for trash pick-up and proper return of trash cans to their suitable locations is an important need of seniors and the disabled with limited mobility.

**Recommendation 11:** Strengthen the relationship with the WMATA to improve transportation services for seniors and persons with disabilities. DCOA and WMATA must work to improve the MetroAccess ridership experiences for seniors. In addition, DCOA should work with WMATA to consider the needs of seniors for bus routes and similar planning.

**Recommendation 12:** Collaborate with non-profit or other organizations in the District of Columbia to create safe places to support the LGBT community. During the focus group session, they voiced concerns about the lack of social opportunities for LGBTs.

## Connecting to the Community

In times of limited resources, government agencies are forced to do more with less. A strategy strongly supported by many of the seniors participating in focus group discussions was to leverage the commitment from seniors to support each other. Most seniors have lived in their communities for many years and are very familiar with their neighbors and oftentimes provide a wide range of support.

**Recommendation 1:** Provide leadership to facilitate and expand the use of the "village" model. This concept is currently underway in certain parts of the District of Columbia and has the potential to provide a number of benefits and create a mechanism for seniors to take the lead in providing support for their own neighborhoods. First, it takes advantage of the opportunity for neighbors to serve as providers of basic support services. Second, the village model promotes a sense of a social support within the community. Third, it has the potential to reduce the cost to government agencies when the village community provides support services, such as transportation or coordinating volunteers to help seniors with grocery needs or similar requirements.

Although the village model may be ideal for some communities, some seniors expressed concerns for keeping costs associated with the village model to a minimum. Because most seniors have fixed incomes, cost of participating in village services can become a concern. Additionally, there were recommendations to identify resources and interest in village concepts within communities to gauge the likeliness of their success in various communities.

**Recommendation 2:** Weigh the feasibility of extending the hours of operations at wellness centers on some days during the week to accommodate working seniors. This would

allow seniors that work during the day the opportunity to participate in recreational and social activities with their peers.

## Support Resources

During many of the focus groups, seniors and persons living with disabilities across each race/ethnic population complained about the lack of skilled, professional and ethnical resources to assist with their basic needs. The LGBT seniors complained about the lack of home health care providers trained to deliver care to LGBT individuals. The Hispanic or Latino and Asian participants cited similar concerns, especially language barriers.

**Recommendation 1:** Institute an evaluation or monitoring process of home health aide services and vendors. Home health aides play an integral role in the overall long-term health and wellness of seniors and persons living with disabilities. Many focus group participants cited various complaints about some home health aides including tardiness, theft or property damage, and failure to perform assigned tasks. Some seniors suggested that DCOA should ensure that background checks of home health aides are performed and action taken promptly when violations occur.

**Recommendation 2:** Expand case management and support services. Over 50% of focus group participants were unaware that case management services existed. Particularly, Hispanic or Latinos, Asians, and persons living with disabilities were unaware. Seniors cited a host of services that could be improved through case management, including, housing assistance, in-home care, income assistance, transportation, recreation, and advocacy.

## Summary

Seniors provided numerous recommendations for ways DCOA could better serve their needs. The recommendations outlined in this report were drawn from the assessment findings and best practices for serving similar populations. The recommendations were provided from each of the 14 focus areas and were merged into four major themes. Overall, seniors felt that improved outreach and advocacy; stronger collaborations and partnerships; better connections to the community and improvements in the quality of support resources would better meet their needs and improve their quality of life.

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# Appendix A: Survey Instruments

## Community Resource Inventory

As a community service provider for the aging population in the District of Columbia, your views are very important to the District of Columbia Office on Aging (DCOA) as it assesses the services that it currently provides and those services that it needs to provide in the future. This survey is one way in which we will be soliciting your views.

This survey begins with several questions that allow you to indicate your involvement with DCOA and its programs. The next parts of this survey are organized in sections to generate responses that focus on significant factors in the daily lives of aging District of Columbia residents over the age of 60, persons living with disabilities, and caregivers: health care, transportation, security, recreation, employment, case management, and community services and support. These are critical factors in determining whether the services that DCOA offers are relevant and useful to the aging population the District of Columbia. Census data projects a large increase in the number of aging people in all parts of the United States. While about 17% of District of Columbia residents are currently over age 60, the percentage of this population will increase over next two decades. As a result, it will be more important than ever for DCOA to use all of its available governmental and community resources to maintain an effective service delivery program for the District of Columbia's aging population over the age of 60.

Your responses on each part of this survey will help the District of Columbia and DCOA determine where it has gaps in its services and where it needs to leverage other government or private agency resources.

We appreciate you taking the time in advance to complete this survey.

## BACKGROUND

1. Name of organization (optional)

   _____

2. What type of organization are you?
   - ☐ Public
   - ☐ Private: Non-Profit
   - ☐ Private: For-Profit
   - ☐ Other (please specify) _____

3. In what ward(s) is your organization located?
   - ☐ Ward 1
   - ☐ Ward 2
   - ☐ Ward 3
   - ☐ Ward 4
   - ☐ Ward 5
   - ☐ Ward 6
   - ☐ Ward 7
   - ☐ Ward 8

4. Is your program citywide or ward-wide?
   - ☐ Citywide
   - ☐ Ward-wide

5. What ward(s) does your organization provide services for?
   - ☐ Ward 1
   - ☐ Ward 2
   - ☐ Ward 3
   - ☐ Ward 4
   - ☐ Ward 5
   - ☐ Ward 6
   - ☐ Ward 7
   - ☐ Ward 8

6. What services does your organization provide? (check all that apply)
   - ☐ Adult Education
   - ☐ Adult Day Care Services
   - ☐ Advocacy
   - ☐ Case Management
   - ☐ Emergency Group Housing
   - ☐ Employment and Job Training
   - ☐ Group (Congregate) Meals
   - ☐ Health Care In-Home Support
   - ☐ Legal Assistance
   - ☐ Recreation

- ☐ Transportation
- ☐ Wellness Programs
- ☐ Other (please specify) _____

## PROVIDER CAPACITY TO SERVE

1. How many clients does your organization currently serve?
   _____
2. How many clients does your organization have the capacity to serve?
   _____
3. Can your organization adequately meet the needs of all of your clients?
   - ☐ Yes
   - ☐ No

   If no, please provide any additional comments in the box below.
   _____

## DC OFFICE ON AGING RELATIONSHIPS

1. Is your agency familiar with DCOA?
   - ☐ Yes
   - ☐ No
2. Is your organization involved in any programs with DCOA?
   - ☐ Yes
   - ☐ No
3. If yes, please identify what DCOA programs your agency provides?
   - ☐ Adult Education
   - ☐ Adult Day Care Services
   - ☐ Advocacy
   - ☐ Case Management
   - ☐ Emergency Group Housing
   - ☐ Employment and Job Training
   - ☐ Group (Congregate) Meals
   - ☐ Health Care In-Home Support
   - ☐ Legal Assistance
   - ☐ Recreation
   - ☐ Transportation
   - ☐ Wellness Programs
   - ☐ Other (please specify) _____

4. In your view, does DCOA have good relationships with community stakeholders?
   - ☐ Yes
   - ☐ No

5. Are you familiar with DCOA's Aging Disability Resource Center (ADRC), the District of Columbia's one-stop resource for public and private information and assistance related to long-term care services for persons living with disabilities (18 and older) and senior (60 and older)?
   - ☐ Yes
   - ☐ No

6. Have you utilized the ADRC services?
   - ☐ Yes
   - ☐ No

7. What ADRC services have you utilized?
   - ☐ Care Planning and Outreach
   - ☐ Caregivers Support and Services
   - ☐ Housing Information and Assistance
   - ☐ In Home Care
   - ☐ Long Term Care Coordination and Guidance
   - ☐ Medical Assistance
   - ☐ Support Groups
   - ☐ I have not utilized the ADRC services
   - ☐ Other (please specify) _____

**SPECIAL POPULATIONS**

1. Do you currently provide senior services to these groups?
   - ☐ Lesbian, Gay, Bisexual, Transgender
   - ☐ Persons Living with a Disability
   - ☐ English as a Second Language
   - ☐ Substance Abuse
   - ☐ Veterans
   - ☐ Homeless Seniors
   - ☐ Ex-Offenders
   - ☐ My organization does not provide services to any of these groups

2. What special populations should DCOA make a greater effort to serve?
   - ☐ Lesbian, Gay, Bisexual, Transgender
   - ☐ Persons Living with a Disability
   - ☐ English as a Second Language
   - ☐ Substance Abuse
   - ☐ Veterans
   - ☐ Homeless Seniors
   - ☐ Ex-Offenders

- ☐ Other (please specify) _____

3. Does your organization provide direct services to persons living with disabilities with any of the following activity of daily living (ADL) and/or instrumental activities of daily living (IADL) limitations?
   - ☐ Personal hygiene and grooming
   - ☐ Dressing and undressing
   - ☐ Self feeding
   - ☐ Functional transfers (Getting from bed to wheelchair, getting onto or off of toilet, etc.)
   - ☐ Bowel and bladder management
   - ☐ Walking without use of use of an assistive device (walker, cane, or crutches) or using a wheelchair
   - ☐ Doing housework
   - ☐ Taking medications as prescribed
   - ☐ Managing money
   - ☐ Shopping for groceries or clothing
   - ☐ Use of telephone or other form of communication
   - ☐ Using information technology
   - ☐ My organization does not provide these services
   - ☐ Other (please specify) _____

4. Does your organization provide support services to caregivers?
   - ☐ Yes
   - ☐ No

5. What type of support services does your organization provide to caregivers?
   - ☐ Respite Care
   - ☐ Advocacy
   - ☐ Transportation
   - ☐ Financial Assistance
   - ☐ Home Maker
   - ☐ Case Management
   - ☐ My organization does not provide caregiver support services
   - ☐ Other (please specify) _____

6. Would your organization be willing to provide free caregiver support services on holidays, vacations and/or weekends?
   - ☐ Yes
   - ☐ No
   - ☐ My organization does not provide caregiver support services

## HEALTH CARE, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES

Health related issues are often considered to be the most important issue for aging people. The facilities and services that are available as well as the cost and accessibility of those services are key factors in determining whether those services are adequate.

1. Does the community you service have a health clinic or a hospital outpatient facility that meets the needs of senior residents?
   - ☐ Yes
   - ☐ No

   If no, skip questions 2 through 5

2. Is the clinic open to people with different income levels?
   - ☐ Yes
   - ☐ No

3. Is the clinic on a bus route or Metro accessible?
   - ☐ Yes
   - ☐ No

4. Are there any special transportation services available to transport people to the clinic?
   - ☐ Yes
   - ☐ No

5. Do the doctors, dentists and nurses respond well to the needs of the senior population?
   - ☐ Yes
   - ☐ No

6. Are there private medical and dental offices in the area that serve the senior population?
   - ☐ Yes
   - ☐ No

7. Do seniors with limited incomes have a problem getting access to health care services or prescription drugs?
   - ☐ Yes
   - ☐ No

8. HOME HEALTH
   Are there home health care services available in your client's area?
   - ☐ Yes
   - ☐ No

9. SUBSTANCE ABUSE
   Are there substance abuse facilities and services in your client's area?
   - ☐ Yes
   - ☐ No

10. MENTAL HEALTH
    Are there mental health facilities and services in your client's area?
    - ☐ Yes
    - ☐ No

11. ADULT DAY CARE
    Are there adult day care facilities in your client's area?
    - ☐ Yes
    - ☐ No

12. Are there adult day care facilities in your client's area that provide Alzheimer's disease care?
    - ☐ Yes
    - ☐ No

13. MEDICARE/MEDICAID
    Is there adequate information available to your client base about Medicare and Medicaid benefits?
    - ☐ Yes
    - ☐ No

14. HEALTHCARE
    Is preventative health care provided through programs in your area? (classes, training, discussion groups. etc.)
    - ☐ Yes
    - ☐ No

15. FOOD/NUTRITION
    Does Meals on Wheels provide services to seniors you service?
    - ☐ Yes
    - ☐ No
    - ☐ N/A

16. Does your organization provide home-based and/or congregate meals to clients in your community?
    - ☐ Yes
    - ☐ No
    - ☐ N/A

17. Are you regularly assessing the nutritional status of the seniors you service?
    - ☐ Yes
    - ☐ No
    - ☐ N/A

**TRANSPORTATION SERVICES**

Aging people need to have sufficient mobility to maintain their self-sufficiency and independence as long as possible for a number of very sound reasons. Reduced mobility can put older people at risk for both health and socialization problems.

1. Do the providers in your area give information to patients on alternative forms of transportation services? (e.g., Washington Elderly Handicapped Transportation Service (WEHTSS), MetroAccess)
    - ☐ Yes
    - ☐ No

2. Is there a Metrorail or bus stop near your organization?
    - ☐ Yes
    - ☐ No

3. Are the bus stops or Metrorail in your area near the homes or residences of senior clients?
    - ☐ Yes
    - ☐ No

4. Is MetroAccess service available to the clients in your area?
    - ☐ Yes
    - ☐ No

5. Are the sidewalks and curbs in your area where your clients live properly maintained and accessible for seniors and persons living with disabilities?
    - ☐ Yes
    - ☐ No

6. Are your client's aware of reduced fares available for public transportation for seniors and persons living with a disability?
    - ☐ Yes
    - ☐ No

7. Are other transportation services advertised in your area so that seniors and persons living with a disability are aware of them?
    - ☐ Yes
    - ☐ No

8. Does your program provide transportation services for seniors?
    - ☐ Yes
    - ☐ No

9. Does your program provide transportation services for persons living with disabilities?
   - ☐ Yes
   - ☐ No

10. Does your program offer transportation services for dialysis or other regularly scheduled medical services?
    - ☐ Yes
    - ☐ No

11. Do your clients use a volunteer transportation service in your area?
    - ☐ Yes
    - ☐ No

**ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION**

Aging people are able to interact more fully with other people when they do not have concerns about their safety and security. Fear of becoming a victim of crime, abuse and/or negligence can limit their mobility significantly over time.

1. Are you aware of unsolved serious crimes committed against seniors in your area?
   - ☐ Yes
   - ☐ No

2. Do the seniors you service feel safe?
   - ☐ Yes
   - ☐ No

3. Are you aware of seniors taking care of grandchildren and/or other young relatives who have been incarcerated or are currently in the juvenile justice system?
   - ☐ Yes
   - ☐ No

4. Are you aware of seniors that have been taken advantage of by contractors doing work on their homes?
   - ☐ Yes
   - ☐ No

5. Are you aware of seniors, persons living with disabilities and/or caregivers who are being abused (physically, mentally, emotionally or financially)?
   - ☐ Yes
   - ☐ No

6. Does your organization provide resources to assist seniors, persons living with disabilities and/or caregivers that are being abused (physically, mentally, emotionally or financially)?
   - ☐ Yes
   - ☐ No

## RECREATION SERVICES

Regular recreational activity promotes necessary mobility for aging people and promotes healthy aging processes.

1. Is there a senior center, wellness center or recreation center near or in close proximity to the homes of seniors you service?
   - ☐ Yes
   - ☐ No

2. Do these centers have programs that help aging people become more self-sufficient?
   - ☐ Yes
   - ☐ No

3. Are there centers where the seniors you serve can go to exercise or engage in physical activity their area?
   - ☐ Yes
   - ☐ No

## COMMUNITY SERVICES AND SUPPORT

Government needs significant connections with and significant assistance from community organizations in order to promote a healthy, well-balanced aging population. Government's resources will be greatly challenged in the next decades as the aging population increases dramatically as a percentage of the total population.

1. Are you aware of a directory of services for seniors, persons living with disabilities and/or caregivers?
   - ☐ Yes
   - ☐ No

2. Do you feel that these services are publicized and advertised so that seniors, persons living with disabilities and caregivers are aware of them?
   - ☐ Yes
   - ☐ No

3. Do the seniors you serve volunteer to help other seniors?
   - ☐ Yes
   - ☐ No

4. Do churches provide services for seniors that you serve in your community?
   - ☐ Yes
   - ☐ No

5. How do people new to the District or system of care find out the services you provide for seniors, people living with disabilities and/or caregivers?
   - ☐ Yes
   - ☐ No

6. Do you use volunteers to help provide services and information to seniors, persons living with a disability and/or caregivers in your area?
   - ☐ Yes
   - ☐ No

7. Do you provide financial counseling services for seniors in your area?
   - ☐ Yes
   - ☐ No

8. Are there programs sponsored by your organization that provide opportunities for inter-generational discussions or activities with seniors?
   - ☐ Yes
   - ☐ No

9. Do you offer seniors, persons living with disabilities and/or caregivers information about receiving legal services?
   - ☐ Yes
   - ☐ No

10. Are the clients you serve in need of affordable housing programs?
    - ☐ Yes
    - ☐ No

11. Is this a serious problem in your area?
    - ☐ Yes
    - ☐ No

## Long Survey

The District of Columbia Office on Aging (DCOA) is currently involved in completing an assessment of the needs of seniors in the District of Columbia. As a senior living in the District of Columbia, your views about the available services in your community and your individual needs are very important to DCOA as it seeks to provide a comprehensive and coordinated system of health for the District of Columbia's senior population.

Please complete the below survey and return it to:

Thompson, Cobb, Bazilio & Associates, PC
Senior Needs Assessment
1101 15th Street NW, Suite 400
Washington, DC 20005

The District of Columbia Office on Aging wants to hear from you!

## DEMOGRAPHIC

1. Which best describes you? (check all that can apply)
   - ☐ A senior citizen
   - ☐ A senior citizen with a disability
   - ☐ A non-senior citizen with a disability
   - ☐ A caregiver for a senior citizen
   - ☐ A relative of a senior that needs care
   - ☐ A neighbor of a senior that needs care
   - ☐ I work as a provider of services to older persons
   - ☐ Other

2. Which Ward do you live in?
   - ☐ Ward 1
   - ☐ Ward 2
   - ☐ Ward 3
   - ☐ Ward 4
   - ☐ Ward 5
   - ☐ Ward 6
   - ☐ Ward 7
   - ☐ Ward 8

3. What is your zip code? _____

4. What age range do you fall in?
   - ☐ 18 to 59 years
   - ☐ 60 to 64 years
   - ☐ 65 to 69 years
   - ☐ 70 to 74 years
   - ☐ 75 to 79 years
   - ☐ 80 to 84 years
   - ☐ 85 to 89 years
   - ☐ 90 to 94 years
   - ☐ 95 years and older

5. Which of the following would you say is your race?
   - ☐ Caucasian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Asian
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ American Indian, Alaskan Native
   - ☐ Other

6. What is your marital status?
   - ☐ Married
   - ☐ Partnered, not married but living with partner
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Single (never married)
   - ☐ Other

7. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Transgender

8. Do you identify as lesbian, gay, bisexual or transgender (LGBT)?
   - ☐ Yes
   - ☐ No

9. Are you a baby boomer (person born between 1946-1964)
   - ☐ Yes
   - ☐ No

10. What best describes your education level?
    - ☐ 0-11 years, no diploma
    - ☐ High school graduate
    - ☐ Some college with no degree
    - ☐ Associate's degree
    - ☐ Bachelor's degree
    - ☐ Graduate or professional degree

11. What is your annual income level?
    - ☐ Less than $10,000
    - ☐ $10,000 to less than $15,000
    - ☐ $15,000 to less than $20,000
    - ☐ $20,000 to less than $25,000
    - ☐ $25,000 to less than $30,000
    - ☐ $30,000 to less than $35,000
    - ☐ $35,000 to less than $40,000
    - ☐ $40,000 to less than $45,000
    - ☐ $45,000 to less than $50,000
    - ☐ $50,000 to less than $60,000
    - ☐ $60,000 to less than $75,000
    - ☐ $75,000 or more

## PUBLIC SERVICES

12. Are you aware of programs and services offered by DCOA and its Senior Service Network providers?
    - ☐ Yes
    - ☐ No

13. What programs and services are you aware of offered by DCOA and its Senior Service Network providers?
    - ☐ Adult Day Care Services
    - ☐ Adult Education
    - ☐ Advocacy
    - ☐ Case Management
    - ☐ Emergency and Group Housing
    - ☐ Group (Congregate) Meals
    - ☐ Home Health In-Home Support
    - ☐ Legal Assistance
    - ☐ Recreation and Socialization
    - ☐ Transportation
    - ☐ Wellness Programs
    - ☐ I am not aware of any programs and services offered

14. Are you familiar with the Aging and Disability Resource Center (ADRC)?
    - ☐ Yes
    - ☐ No

15. How would you rate government supported programs and services for seniors?

| | Excellent | Good | Fair | Poor | No Opinion |
|---|---|---|---|---|---|
| Health Care | ☐ | ☐ | ☐ | ☐ | ☐ |
| Prescription Assistance | ☐ | ☐ | ☐ | ☐ | ☐ |
| Affordable and Available Housing | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tax Relief | ☐ | ☐ | ☐ | ☐ | ☐ |
| Employment Assistance | ☐ | ☐ | ☐ | ☐ | ☐ |
| Recreation Services | ☐ | ☐ | ☐ | ☐ | ☐ |
| Transportation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Caregiver Support | ☐ | ☐ | ☐ | ☐ | ☐ |
| In-Home Support Services | ☐ | ☐ | ☐ | ☐ | ☐ |
| Nursing Home Services | ☐ | ☐ | ☐ | ☐ | ☐ |
| Crime Victim’s Assistance | ☐ | ☐ | ☐ | ☐ | ☐ |
| Abuse, Exploited, Neglect Services | ☐ | ☐ | ☐ | ☐ | ☐ |
| Health and Wellness Programs | ☐ | ☐ | ☐ | ☐ | ☐ |
| Literacy | ☐ | ☐ | ☐ | ☐ | ☐ |

## EMPLOYMENT STATUS

16. What is your current employment status?
    - ☐ Fully retired
    - ☐ Retired but working part-time
    - ☐ Working full-time
    - ☐ Working part-time
    - ☐ Unemployed, looking for work
    - ☐ Unemployed but not looking for work
    - ☐ Homemaker
    - ☐ Don't know
    - ☐ Disabled

## VETERAN STATUS

17. Have you ever served on active duty in the United States Armed Forces, National Guard or in a military reserve unit?
    - ☐ Yes
    - ☐ No

    If no, please skip to question #21

18. Are you retired from the United States Armed Forces, regular military, National Guard or military reserve unit?
    - ☐ Yes
    - ☐ No

19. Do you receive any military/veterans benefits for retirement or disability?
    - ☐ Yes
    - ☐ No

20. Do you use either a VA hospital or military treatment facility?
    - ☐ Yes
    - ☐ No

## HOUSING

21. What type of residence do you live in?
    - ☐ Single family home
    - ☐ Condo/townhome
    - ☐ Apartment
    - ☐ Senior independent living apartment
    - ☐ Group home or assisted living facility
    - ☐ Nursing home
    - ☐ Shelter or dormitory
    - ☐ Homeless
    - ☐ Other (please specify) _____

22. Do you currently rent or own a home?
    - ☐ Rent
    - ☐ Own
    - ☐ Other

## QUALITY OF LIFE

23. Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem?

| | Major Problem | Minor Problem | No Problem | Don't know/NA |
|---|---|---|---|---|
| Your physical health | ☐ | ☐ | ☐ | ☐ |
| Housing that meets your needs | ☐ | ☐ | ☐ | ☐ |
| Getting the healthcare you need | ☐ | ☐ | ☐ | ☐ |
| Having inadequate transportation | ☐ | ☐ | ☐ | ☐ |
| Feeling lonely, sad or isolated | ☐ | ☐ | ☐ | ☐ |
| Affording your utilities | ☐ | ☐ | ☐ | ☐ |
| Affording the medication you need | ☐ | ☐ | ☐ | ☐ |
| Having financial problems | ☐ | ☐ | ☐ | ☐ |
| Being a victim of crime | ☐ | ☐ | ☐ | ☐ |
| Dealing with legal issues | ☐ | ☐ | ☐ | ☐ |
| Performing everyday activities such as walking or bathing | ☐ | ☐ | ☐ | ☐ |
| Having too few activities or feeling bored | ☐ | ☐ | ☐ | ☐ |
| Providing care for another person | ☐ | ☐ | ☐ | ☐ |

24. Overall, how do you rate your quality of life?
    - ☐ Very good
    - ☐ Good
    - ☐ Neither good nor bad
    - ☐ Bad
    - ☐ Very bad
    - ☐ Don't know

25. Over the past 12 months, have you been ill for a period of one month or more?
    - ☐ Yes
    - ☐ No

## INSURANCE STATUS

26. Which of the following kinds of health insurance do you have? (check all that apply)
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ Private insurance
    - ☐ DC Alliance
    - ☐ Military
    - ☐ I don't have insurance

## SOCIALIZATION/RECREATION

27.

| During a typical week, how many hours do you spend doing the following? | No hours | 1 to 5 hours | 6 or more hours | Don't know/NA |
|---|---|---|---|---|
| Participating in a club or civic group | ☐ | ☐ | ☐ | ☐ |
| Participating in religious or spiritual activities with others | ☐ | ☐ | ☐ | ☐ |
| Visiting with family in person or on the phone | ☐ | ☐ | ☐ | ☐ |
| Visiting with friends in person or on the phone | ☐ | ☐ | ☐ | ☐ |
| Providing help to friends or relatives | ☐ | ☐ | ☐ | ☐ |
| Participating in senior center activities | ☐ | ☐ | ☐ | ☐ |
| Caring for a pet | ☐ | ☐ | ☐ | ☐ |
| Doing housework or home maintenance | ☐ | ☐ | ☐ | ☐ |
| Participating in a hobby such as art, gardening or music | ☐ | ☐ | ☐ | ☐ |
| Working for pay | ☐ | ☐ | ☐ | ☐ |
| Attending movies, sporting events or groups events | ☐ | ☐ | ☐ | ☐ |
| Volunteering or helping out in the community | ☐ | ☐ | ☐ | ☐ |

## LEGAL

28. Do you have concerns about any of the following? (check all that apply)
    - ☐ Preparing a will/trust
    - ☐ Social Security benefits
    - ☐ Property crime
    - ☐ Physical crime
    - ☐ Financial debt
    - ☐ Medicare benefits
    - ☐ Abuse (physical or financial)

## NUTRITION COUNSELING/HOME DELIVERED MEALS

29. In the past month, have you needed help trying to get enough food or the right kinds of food to eat? If so, how much?
    - ☐ A lot
    - ☐ Some
    - ☐ None
    - ☐ Don't know

30. Do you receive home delivered meals?
    - ☐ Yes
    - ☐ No

## WELLNESS

31. How many days per week do you engage in moderate physical activity for at least 30 minutes a day?
    - ☐ Zero days
    - ☐ 1-2 days
    - ☐ 3-5 days
    - ☐ 6 days or more
    - ☐ Don't know

32. Do you have a physical handicap that prevents you from doing everything you need or want to do?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

33. Do you have any of the following conditions? (check all that apply)
    - ☐ Blindness or severe vision impairment
    - ☐ Significant hearing loss
    - ☐ Arthritis
    - ☐ High Blood Pressure
    - ☐ Heart problems
    - ☐ Diabetes
    - ☐ Stroke
    - ☐ IDD (Intellectual or Developmental Disability)
    - ☐ Other (please specify) _____

## TRANSPORTATION

34. How do you travel locally on a regular basis?
    - ☐ Drive or ride in a car
    - ☐ MetroAccess
    - ☐ Take Metrobus or Metrorail
    - ☐ Take a senior van, shuttle, or minibus
    - ☐ Take a taxi
    - ☐ Walk
    - ☐ Never leave house

35. If you have trouble getting the transportation you need, what would you say is the main reason?
    - ☐ Have to rely on others
    - ☐ Can't afford it
    - ☐ Have trouble getting around without someone to help
    - ☐ Don't know who to call
    - ☐ Not available in my community
    - ☐ Transportation does not go where I need to go
    - ☐ Weather
    - ☐ Disability/health-related
    - ☐ Other (please specify) _____

## SECURITY

36. Do you feel safe in your community?
    - ☐ Yes
    - ☐ No

37. In the past 12 months, have you been the victim of a crime?
    - ☐ Yes
    - ☐ No

38. If yes, what type of crime have you been the victim of? (check all that apply)
    - ☐ Physical
    - ☐ Theft
    - ☐ Burglary
    - ☐ Financial exploitation
    - ☐ Identity theft/Fraud
    - ☐ Other

39. In the past 12 months, have you had to call the police department for help?
    - ☐ Yes
    - ☐ No

40. If the police were called, did they respond in a timely manner?
    - ☐ Yes
    - ☐ No

41. If the police were called, did they respect and listen to you?
    - ☐ Yes
    - ☐ No

42. Do you have an emergency preparedness plan?
    - ☐ Yes
    - ☐ No

43. Do you know where to go in case of an emergency?
    - ☐ Yes
    - ☐ No

**CAREGIVING SUPPORT**

44. Do you provide care for one or more family members or friends on a regular basis?
    - ☐ Yes
    - ☐ No

45. How often in the past month have you felt financially or physically burdened by your caregiving?
    - ☐ Frequently
    - ☐ Sometimes
    - ☐ Never
    - ☐ Don’t know

46. Can you afford this caregiving role?
    - ☐ Yes
    - ☐ No

47. What kind of care are you providing?
- ☐ Transportation
- ☐ Home health
- ☐ Financial Affairs
- ☐ Meals
- ☐ Housekeeping, yard repairs
- ☐ Personal care

## PROGRAMS/SERVICES

48. What programs and services do you want or need assistance with? (check your top three)
- ☐ Adult Education
- ☐ Adult Day Care Services
- ☐ Advocacy
- ☐ Case Management
- ☐ Emergency Group Housing
- ☐ Employment and Job Training
- ☐ Group (Congregate) Meals
- ☐ Home Care in Home Support
- ☐ Income Assistance
- ☐ Legal Assistance
- ☐ Meal Delivery
- ☐ Recreation
- ☐ Transportation
- ☐ Wellness Programs
- ☐ None
- ☐ Other (please specify) _____

49. Where do you get your information about senior citizen services?
- ☐ Word of Mouth
- ☐ Television
- ☐ Newspaper
- ☐ Senior Beacon
- ☐ Radio
- ☐ Senior Center
- ☐ Friend
- ☐ 311
- ☐ AARP
- ☐ Office on Aging
- ☐ Other (Please specify) _____

## Short Survey

1. Which Ward do you live in?
   - ☐ Ward 1
   - ☐ Ward 2
   - ☐ Ward 3
   - ☐ Ward 4
   - ☐ Ward 5
   - ☐ Ward 6
   - ☐ Ward 7
   - ☐ Ward 8

2. What zip code do you live in? _____

3. What age range do you fall in?
   - ☐ 18 to 59 years
   - ☐ 60 to 64 years
   - ☐ 65 to 69 years
   - ☐ 70 to 74 years
   - ☐ 75 to 79 years
   - ☐ 80 to 84 years
   - ☐ 85 to 89 years
   - ☐ 90 to 94 years
   - ☐ 95 years and older

4. Which of the following would you say is your race?
   - ☐ Caucasian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Asian
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ American Indian, Alaskan Native
   - ☐ Other

5. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Transgender

6. What is your annual income level?
   - ☐ Less than $10,000
   - ☐ $10,000 to less than $15,000
   - ☐ $15,000 to less than $20,000
   - ☐ $20,000 to less than $25,000
   - ☐ $25,000 to less than $30,000
   - ☐ $30,000 to less than $35,000
   - ☐ $35,000 to less than $40,000
   - ☐ $40,000 to less than $45,000
   - ☐ $45,000 to less than $50,000
   - ☐ $50,000 to less than $60,000
   - ☐ $60,000 to less than $75,000
   - ☐ $75,000 or more

7. What programs and services are you aware offered by the District of Columbia Office on Aging (DCOA) and its Senior Service Network providers?
   - ☐ Adult Day Care Services
   - ☐ Adult Education
   - ☐ Advocacy
   - ☐ Case Management
   - ☐ Emergency and Group Housing
   - ☐ Group (Congregate) Meals
   - ☐ Home Health In-Home Support
   - ☐ Legal Assistance
   - ☐ Recreation and Socialization
   - ☐ Transportation
   - ☐ Wellness Programs
   - ☐ I am not aware of any programs and services offered

8. What is your current employment status?
   - ☐ Fully retired
   - ☐ Retired but working part-time
   - ☐ Working full-time
   - ☐ Working part-time
   - ☐ Unemployed, looking for work
   - ☐ Unemployed but not looking for work
   - ☐ Homemaker
   - ☐ Other
   - ☐ Don’t know
   - ☐ Disabled

9. Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem?

| | Major Problem | Minor Problem | No Problem | Don't know/NA |
|---|---|---|---|---|
| Your physical health | ☐ | ☐ | ☐ | ☐ |
| Housing that meets your needs | ☐ | ☐ | ☐ | ☐ |
| Getting the healthcare you need | ☐ | ☐ | ☐ | ☐ |
| Having inadequate transportation | ☐ | ☐ | ☐ | ☐ |
| Feeling lonely, sad or isolated | ☐ | ☐ | ☐ | ☐ |
| Affording your utilities | ☐ | ☐ | ☐ | ☐ |
| Affording the medication you need | ☐ | ☐ | ☐ | ☐ |
| Having financial problems | ☐ | ☐ | ☐ | ☐ |
| Being a victim of crime | ☐ | ☐ | ☐ | ☐ |
| Dealing with legal issues | ☐ | ☐ | ☐ | ☐ |
| Performing everyday activities such as walking or bathing | ☐ | ☐ | ☐ | ☐ |
| Having too few activities or feeling bored | ☐ | ☐ | ☐ | ☐ |
| Providing care for another person | ☐ | ☐ | ☐ | ☐ |

10. Do you have concerns about any of the following? (check all that apply)
    - ☐ Preparing a will/trust
    - ☐ Social Security benefits
    - ☐ Property crime
    - ☐ Physical crime
    - ☐ Financial debt
    - ☐ Medicare benefits
    - ☐ Abuse (physical or financial)

11. In the past month, have you needed help trying to get enough food or the right kinds of food to eat? If so, how much?
    - ☐ A lot
    - ☐ Some
    - ☐ None
    - ☐ Don't know/NA

12. Do you have a physical handicap that prevents you from doing everything you need or want to do?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know/NA

13. Do you have any of the following conditions? (check all that apply)
    - ☐ Blindness or severe vision impairment
    - ☐ Significant hearing loss
    - ☐ Arthritis
    - ☐ High Blood Pressure
    - ☐ Heart problems
    - ☐ Diabetes
    - ☐ Stroke
    - ☐ An emotional or mental illness that limits your daily activities
    - ☐ Other (broken bone, operations, unexplained infirmities)

14. How do you travel locally on a regular basis?
    - ☐ Drive or ride in a car
    - ☐ MetroAccess
    - ☐ Take Metrobus or Metrorail
    - ☐ Take a senior van, shuttle, or minibus
    - ☐ Take a taxi
    - ☐ Walk
    - ☐ Never leave house
    - ☐ Don't know

15. If you have trouble getting the transportation you need, what would you say is the main reason?
    - ☐ Have to rely on others
    - ☐ Can't afford it
    - ☐ Have trouble getting around without someone to help
    - ☐ Don't know who to call
    - ☐ Not available in my community
    - ☐ Transportation does not go where I need to go
    - ☐ Weather
    - ☐ Disability/health-related
    - ☐ Don't know

16. In the past 12 months, have you been the victim of a crime?
    - ☐ Yes
    - ☐ No

17. If yes, what type of crime have you been the victim of? (check all that apply)
    - ☐ Physical
    - ☐ Theft
    - ☐ Burglary
    - ☐ Financial exploitation
    - ☐ Identity theft/Fraud
    - ☐ Other

18. Do you have an emergency preparedness plan?
    - ☐ Yes
    - ☐ No

19. Do you provide care for one or more family members or friends on a regular basis?
    - ☐ Yes
    - ☐ No

20. How often in the past month have you felt financially or physically burdened by your caregiving?
    - ☐ Frequently
    - ☐ Sometimes
    - ☐ Never
    - ☐ Don't know

21. What programs and services do you want or need assistance with? (check your top three)
    - ☐ Adult Education
    - ☐ Adult Day Care Services
    - ☐ Advocacy
    - ☐ Case Management
    - ☐ Emergency Group Housing
    - ☐ Employment and Job Training
    - ☐ Group (Congregate) Meals
    - ☐ Home Care In-Home Support
    - ☐ Income Assistance
    - ☐ Legal Assistance
    - ☐ Meal Delivery
    - ☐ Recreation
    - ☐ Transportation
    - ☐ Wellness Programs
    - ☐ None
    - ☐ Other (please specify) _____

22. Where do you get your information about senior citizens services?
    - ☐ Word of Mouth
    - ☐ Television
    - ☐ Newspaper
    - ☐ Senior Beacon
    - ☐ Radio
    - ☐ Senior Center
    - ☐ Friend
    - ☐ 311
    - ☐ AARP
    - ☐ Office on Aging
    - ☐ Other (Please specify) _____

## Demographic Profile

Note: All the information collected here will be kept anonymous and strictly confidential. Your name will not be put on it. If you feel uncomfortable answering any question, you can leave it blank.

1. Which best describes you? (check all that can apply)
   - ☐ A senior citizen
   - ☐ A senior citizen with a disability
   - ☐ A non-senior citizen with a disability
   - ☐ A caregiver for a senior citizen
   - ☐ A relative of a senior that needs care
   - ☐ A neighbor of a senior that needs care
   - ☐ I work as a provider of services to older persons
   - ☐ Other (please specify) _____

2. Which ward do you live in?
   - ☐ Ward 1
   - ☐ Ward 2
   - ☐ Ward 3
   - ☐ Ward 4
   - ☐ Ward 5
   - ☐ Ward 6
   - ☐ Ward 7
   - ☐ Ward 8

3. What age range do you fall in?
   - ☐ 18 to 59 years
   - ☐ 60 to 64 years
   - ☐ 65 to 69 years
   - ☐ 70 to 74 years
   - ☐ 75 to 79 years
   - ☐ 80 to 84 years
   - ☐ 85 to 89 years
   - ☐ 90 to 94 years
   - ☐ 95 years and older

4. Are you a baby boomer? (person born between 1946-1964)
   - ☐ Yes
   - ☐ No

5. Which of the following would you say is your race?
   - ☐ Caucasian
   - ☐ Black or African American
   - ☐ Asian
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ American Indian, Alaskan Native
   - ☐ Other

6. Do you consider yourself to be Hispanic or Latino?
   - ☐ Yes
   - ☐ No

7. What is your marital status?
   - ☐ Married
   - ☐ Partnered
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Single (never married)
   - ☐ Other
   - ☐ Don’t know

8. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Transgender

9. Do you identify as Lesbian, gay, bisexual or transgender (LGBT)?
   - ☐ Yes
   - ☐ No

10. What best describes your education level?
    - ☐ 0-11 years, no diploma
    - ☐ High school graduate
    - ☐ Some college with no degree
    - ☐ Associate’s degree
    - ☐ Bachelor’s degree
    - ☐ Graduate or professional degree

11. What is your annual income level?
    - ☐ Less than $10,000
    - ☐ $10,000 to less than $15,000
    - ☐ $15,000 to less than $20,000
    - ☐ $20,000 to less than $25,000
    - ☐ $25,000 to less than $30,000
    - ☐ $30,000 to less than $35,000
    - ☐ $35,000 to less than $40,000
    - ☐ $40,000 to less than $45,000
    - ☐ $45,000 to less than $50,000
    - ☐ $50,000 to less than $60,000
    - ☐ $60,000 to less than $75,000
    - ☐ $75,000 or more

**EMPLOYMENT STATUS**

12. What is your current employment status?
    - ☐ Fully retired
    - ☐ Retired but working part-time
    - ☐ Working full-time
    - ☐ Working part-time
    - ☐ Unemployed, looking for work
    - ☐ Homemaker
    - ☐ Unemployed but not looking for work
    - ☐ Disabled
    - ☐ Other

**VETERAN STATUS**

13. Have you ever served on active duty in the United States Armed Forces, either in the regular military, National Guard or in a military reserve unit?
    - ☐ Yes
    - ☐ No

# Appendix B: Focus Group Discussion Guide

1. What would you like to see in your community that would make it a better place for older adults to live?

## In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?
3. How do you feel the home health care needs of older adults are being met in your community?
4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)

## Transportation

5. When you go somewhere, how do you get there?
6. How often do you find that transportation is available to you when you need it?
7. When transportation is not available, how does this affect your life?
8. What are the barriers that you face, if any, to receiving or accessing transportation?

## Caregiving Questions

9. Who do you provide caregiving for in your family?
10. What made you begin caregiving for your family member(s)?
11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
12. Have you felt burdened or that you need additional help to care for your family member(s)?

## Adult Day Care

13. Is there an adult day care facility in your community?
14. Is the daily rate feasible for your level of income?

15. Does the adult day care facility provide the appropriate services to meet your needs?
16. Is there transportation available to and from the adult day care facility?

## Abuse, Neglect, and Financial Exploitation

17. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?

## Special Populations

18. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
19. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
22. If you need help navigating the system of services, what services do you need assistance with?

## Nutrition Needs

23. In the past 12 months, has there been a time where you have not had enough food to eat? How often?
24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
25. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?

## Health and Health Care

26. How do you feel the health care needs of older adults are being met in your community?
27. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
29. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?

# Appendix C: Focus Group Summaries

## Wards 1 and 4: Focus Group Summary

The focus group for Wards 1 and 4 was held at Bernice Fonteneau Senior Wellness Center on August 23, 2011. Ten (10) seniors participated in the focus group.

The focus group facilitator asked participants a series of questions in the areas of in-home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. While few participants offered most of the responses to each topic or question, there was never widespread disagreement. Following are comments and observations from the focus group with Wards 1 and 4.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *Police presence – on foot parole would deter crime. Police should take the time to get to know seniors in the community.*
    - *Better lighting.*
    - *Need more parking near Metro.*
    - *Parking for shopping in the community.*
    - *Better health care – In home services are very expensive. Participant noted that she was not simply talking about companionship.*
    - *Day care that seniors can afford on limited income.*
    - *Directory/information sharing – seniors have to read several newspapers to find out what is going on or what services are provided. One participant recommended setting up a computer at a recreation center in order to get information out to seniors.*
    - *Dental care.*
    - *Employment.*

## In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?
    - *Ten percent stated that seniors need help shopping to buy groceries.*
    - *Seniors need more recreation. Often time seniors sit at home all day and they need some type of activities.*
    - *Help with medications.*
    - *Help with house cleaning.*
3. How do you feel the home health care needs of older adults are being met in your community?
    - *Most participants stated that home health care needs of older adults are not being met.*
4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)
    - *None of the participants indicated that they were at risk of losing their home; they did, however, make the following observations or comments:*
        - *Knew of someone else that could use financial assistance for maintaining his or her home.*
        - *Knew of someone else who received money from a reverse mortgage and had to sell his or her home.*
        - *Another participant informed the group that AARP has a legal unit and all residents are eligible to complete an in-take form to have an attorney review the paperwork for reverse mortgages.*
        - *Another participant asked the group: "How can I get equity out of my home?" Participants suggested that the person seek legal advice.*

## Transportation

5. When you go somewhere, how do you get there?
    - *Participants find it hard to get around the city.*
    - *One participant stated that parking meters should not be placed in neighborhoods.*
    - *Some participants stated that they take the bus.*
    - *Fifty percent of the participants stated that they drive.*
    - *Parking is difficult in the District of Columbia and a lot of people drive into Maryland to go shopping.*
        - *It is hard to visit someone that lives in another neighborhood because you can only park for two hours.*
        - *Going to the movies is cause for concern for getting a ticket.*
        - *Visitor parking passes are available but parking passes are not easy to obtain. You have to go downtown and often time seniors are not able to go and get the passes.*
        - *The District of Columbia does not give residents visitors parking passes.*
    - *Other participants stated that they use public transportation or walk.*
6. How often do you find that transportation is available to you when you need it?
    - *No Response Provided.*
7. When transportation is not available, how does this affect your life?
    - *No Response Provided.*
8. What are the barriers that you face, if any, to receiving or accessing transportation?
    - *One participant noted that, in their community, the bus only comes every hour during non-rush hour.*
    - *Non-specific problems with the Metrorail.*
    - *Affordability of services is a barrier. Prices are so high and there should be a cap on prices for seniors. It was suggested fares should be no more than $5 for seniors.*

- *Transportation is not easily accessible. Some must walk about a ½ mile to the Metrobus stop. The bus stop is too far to walk to in the winter when it is very cold and in the summer when it is very hot.*

## General Comment

- *Participants felt that the District of Columbia no longer caters to the needs of seniors. It appears that that the city caters to certain other groups of residents, such as people who ride bikes. It seems like the District of Columbia is trying to run seniors out of the city.*

## Caregiving

9. Who do you provide caregiving for in your family?
    - *Half of the participants stated that they had experience providing care for someone; mainly in Ward 4.*
10. What made you begin caregiving for your family member(s)?
    - *One participant stated that she was a caregiver for a neighbor because there was no one caring for him, although he had a daughter.*
    - *Another participant stated that it was a matter of trust because he did not trust anyone else to take care of his wife.*
    - *Another participant stated because of caregiver neglect.*
11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
    - *Participants did not know of any organizations that provide respite care.*

## General Comments

- *There is a need for more caregiver training and matching caregivers to clients*
- *There is a need for more devices to assist people.*
- *The District of Columbia could use programs similar to "Daughter for the Day." The program is made up of volunteers that provide free assistance to seniors.*

12. Have you felt burdened or that you need additional help to care for your family member(s)?
    - *No Response Provided.*

## Adult Day Care

13. Is there an adult day care facility in your community?
    - *Most participants did not know of any adult day care facilities.*
    - *One participant stated that IONA provides adult day care but that was not in Wards 1 and 4.*
    - *One participant knew of one adult day care but was not sure which ward it is in, Washington Center for Aging Services.*
    - *Another participant knew of a church that provides adult day care.*
14. Is the daily rate feasible for your level of income?
    - *No Response Provided.*
15. Does the adult day care facility provide the appropriate services to meet your needs?
    - *No Response Provided.*
16. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

17. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?
    - *Some participants knew of seniors that were financially exploited with the reverse mortgage. Participant suggested that seniors should call legal aid for them to review the loan documents. Legal aid will come to your home when the lender comes to review documents with you.*
    - *A participant stated that attorneys exploited her parents financially.*

- *One participant noted that Adult Protective Services (APS) is supposed to assist in these matters; however, they do not do anything. Comments were made that the Guardian Assistance program under the Supreme Court should be granted the authority to monitor court appointed attorneys. There is a need for more volunteers to be posted at court appointments.*
- *AARP has an ombudsman service that is free to seniors. Most seniors do not know about the Guardian Assistance program or AARP's ombudsman services.*
- *If seniors are not computer savvy then they are left behind.*

## General Comments

- *Seniors are going to have to do more for themselves through their churches and other organizations that they belong to.*
- *Seniors have to start asking questions.*

## Special Populations

18. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
    - *One participant stated that the District of Columbia has not done enough to bring the community together. They need to find a way to do this.*
    - *One participant stated she has noticed that other racial groups are treated different in the center that she attends. Seniors speak different languages. There is one staff person that speaks another language other than English; however, there is no one in the center that speaks Spanish and there are Spanish-speaking seniors that attend the center.*
    - *One participant stated that discrimination exists.*
19. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?
    - *No Response Provided.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *Three participants are seeking employment.*
    - *One participant thinks that she is being discriminated against because of her age and her West Indian accent.*
    - *Participants believe that employers are simply looking for volunteers to give you a stipend instead of a pay check.*
    - *Employers want you to be proficient in multiple areas.*
    - *Employers want seniors to work on weekends and at night. Seniors prefer to work Monday through Friday during the day hours.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *Most participants did not know that case management exists.*
22. If you need help navigating the system of services, what services do you need assistance with?
    - *There is a challenge obtaining information when you walk into the wellness center. When a person walks into the center they need to feel important.*
    - *One participant stated that case managers could help with nutritional needs of seniors.*

## Nutrition Needs

23. In the past 12 months, has there been a time where you have not had enough food to eat? How often?

- *All of the participants have had enough food to eat in the past 12 months; however, they knew of other seniors who have not had enough food to eat.*

24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *No Response Provided.*
25. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *One participant stated that there are not enough services for seniors. NutritionInc. filed bankruptcy.*
    - *One participant stated there is a lack of information. No one knew if Meals on Wheels still existed.*
    - *One participant stated that some seniors' incomes are too high to receive meal and they lack money to pay for food to be delivered from places such as Giant or other grocery stores in the area.*
    - *One participant stated there is a lack of fresh produce where they shop.*

## Health and Health Care

26. How do you feel the health care needs of older adults are being met in your community?
    - *No Response Provided.*
27. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
    - *No Response Provided.*
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
    - *No Response Provided.*
29. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?
    - *No Response Provided.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?

- *One participant recommended estate planning should be given to seniors before they reach the age of 65. Persons giving the training should be persons that seniors can trust.*
- *One participant recommended that churches become involved in educating and getting information to seniors.*
- *One participant recommended that wellness centers have security.*
- *One participant recommended a bereavement program for caregivers.*
- *One participant recommended that APS and DCOA be combined. Also, APS laws need to be rewritten.*
- *One participant stated the next generation is obligated to take care of seniors.*

## Wards 2 and 3: Focus Group Summary

The focus group for Wards 2 and 3 was held at Emmaus Services for the Aging on August 24, 2011. Ten seniors participated in the focus group.

The focus group facilitator asked participants a series of questions in the areas of in-home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. While few participants offered most of the responses to each topic or question, there was never widespread disagreement. Following are comments and observations from the focus group with Wards 2 and 3.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *More police presence is needed so that seniors feel safe in their community.*
    - *Most seniors are on fixed incomes and more affordable housing is needed for seniors.*
    - *Greater access and outreach to information regarding available services to seniors. Many seniors are not aware of the services that are offered. Furthermore many seniors do not have the internet and need access to information in multiple forms.*
    - *Wards 2 and 3 need better updated facilities for seniors.*

### In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?

- *There needs to be a better screening process for the people that take care of seniors in their homes. Many of the home aides are unprofessional.*
- *It was recommended that all home aides should go through a certification program before they provide care because seniors have special needs and require special care.*
- *Most seniors need help keeping their homes clean. Some of the homemakers state that they are not supposed to do certain tasks.*

3. How do you feel the home health care needs of older adults are being met in your community?
    - *A participant stated that many of the homemakers do not work the hours they are supposed to. There should be a quality assurance check for the home aides.*
    - *It was stated that the certified home aides cost more. Because many seniors are on fixed limited incomes, they cannot afford the certified aides.*
    - *A participant recommended the agencies that are contracted to provide home health aide services be investigated and monitored on a regular basis.*
4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)
    - *Seniors would benefit from receiving free advice on how to access resources to fix their home so that they can continue living at home.*
    - *Seniors need assistance or breaks on their property taxes. Many seniors have been in their homes for many years and now in their old age, their property taxes are becoming a burden.*
    - *All of the seniors agreed that they are not aware of financial assistance to help make home repairs/modifications or assist with rent and/or mortgage payments.*
    - *Many seniors need someone to look after their home while they are in extended hospital care.*

## Transportation

5. When you go somewhere, how do you get there?
    - *Most of the seniors stated that they use public transportation.*
    - *Some seniors still drive and are worried how they will get around when they are no longer able to drive because they do not feel that the transportation offered is adequate.*
6. How often do you find that transportation is available to you when you need it?
    - *MetroAccess is very unreliable and there is concern that there is very little quality control to ensure that the MetroAccess vans are on schedule.*
7. When transportation is not available, how does this affect your life?
    - *When transportation is not available, it isolates you. Many seniors don't have family and may not have a church community or support system to help them.*
    - *When transportation is not available, it makes you miss appointments. Business affairs (bills) do not get settled which may lead to further consequences.*
    - *MetroAccess is often tardy picking up seniors and shuttling them to their appointments which affects seniors overall health and state of mental health.*
    - *Often times, taxis will not pick up seniors that use a walker or other assisted walking device. Providing taxi vouchers would help seniors that can get around on their own and encourage taxis to serve seniors more.*
8. What are the barriers that you face, if any, to receiving or accessing transportation?
    - *Affordability. Many of the fares have increased for MetroAccess and some seniors on fixed incomes have to make a choice about what bills or necessities they can get from one month to the next.*
    - *Washington Elderly Handicapped Transportation Service (WEHTSS) only serves a limited area.*

## Caregiving

9. Who do you provide caregiving for in your family?

- *Some of the participants stated that they care for a parent and others stated that they provide caregiving services for other seniors and friends that lack a support system.*

10. What made you begin caregiving for your family member(s)?
    - *The participants that serve as caregivers stated that they began caregiving because they would want someone to do the same for them if they were in need.*
    - *One participant stated that she wanted to ensure that her parents were receiving the best care and the only way she could ensure that was to do it herself.*
    - *It was also stated that it is very expensive to have someone to come into the home to provide caregiving services and most seniors do not have the income to provide this service and therefore friends and family have to step in.*
11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
    - *The participants were not aware of resources provided that offer respite care for caregivers in their community.*
12. Have you felt burdened or that you need additional help to care for your family member(s)?
    - *It was stated that most people that serve as caregivers do so willingly; however, caregivers do not always look after their own needs.*
    - *A participant also stated that sometimes there is an emotional as well as financial burden when serving as a caregiver. There are organizations in the community that provide support groups for caregivers. It was recommended that the District of Columbia should provide more support groups for caregivers.*

## Adult Day Care

13. Is there an adult day care facility in your community?
    - *There used to be an adult day care facility in the Ward 2 and 3 communities. It is no longer open but greatly needed.*

- *The seniors were aware of at least one provider in the District of Columbia that provided adult day care services.*
- *It was stated that many churches have a senior citizen club where seniors can go during the day to be together and have something to do as well as receive a meal.*
- *One participant stated that all seniors do not want to spend time with other seniors all day every day. Sometimes they want to be around youthful energy.*

14. Is the daily rate feasible for your level of income?
    - *No Response Provided.*
15. Does the adult day care facility provide the appropriate services to meet your needs?
    - *No Response Provided.*
16. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

17. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?
    - *To prevent some instances of neglect, hospitals need to provide discharge planning that takes into consideration the needs of the seniors which includes whether or not they can get home from the hospital, can follow the orders of the doctor, and/or pick up their prescription.*
    - *Instances of self-neglect need to be investigated further. Many seniors have mental issues that prevent them from asking for or accepting help. This should be taken into consideration when dealing with seniors who clearly need help but reject it.*
    - *There is a lack of information provided to seniors about how to report or prevent abuse, neglect, and financial exploitation. Many seniors are afraid to speak up.*

- *Seniors need to know their rights. It was recommended to have senior housing advocates in different parts of the city where seniors can go to receive specialized attention and advocacy.*
- *Many of the seniors agreed that there should be a clear means to provide communication to seniors that is not via the internet. It was recommended to have a senior hour on the local public channel that discusses the services provided and how to access them. Many seniors watch television and this would be a great way to provide information at little or no cost.*
- *The all-volunteer Village should not be overlooked.*

## Special Populations

18. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
    - *No Response Provided.*
19. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?
    - *No Response Provided.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *The seniors that are currently looking for work stated they would benefit from an employment service that offers assistance and allows seniors to work part-time.*
    - *One participant stated that she feels that she is being discriminated against because of her age. She stated that she will often get the response that she is over qualified, will be required to be able to lift heavy boxes, and/or have to walk back and forth regularly. Employers use this as a way to disqualify her.*

- *It was stated that the employment services currently provided are not adequate.*
- *Often times working higher income jobs make seniors ineligible for many programs and services. Seniors should not have to be concerned about whether or not to increase their income because of how it will affect their benefits. It is unfair and it forces many seniors to live poorly.*
- *Many jobs expect for seniors to volunteer and not receive a paycheck.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *Reliable transportation is essential to being independent.*
    - *Seniors want more recreation and activities so they can be active and involved.*
    - *Advocacy. Seniors that are able should get involved with issues that they are interested in and advocate for themselves and other seniors. It was recommended that DCOA offer classes or programs about how to become an advocate.*
22. If you need help navigating the system of services, what services do you need assistance with?
    - *No Response Provided.*

## Nutrition Needs

23. In the past 12 months, has there been a time where you have not had enough food to eat? How often?
    - *Yes. Some seniors that have low incomes and disabilities cannot get to the food bank due to transportation issues.*
    - *It was also stated that many food banks do not have evening hours and seniors that must rely on someone that works for transportation cannot get there to get the food they need.*
    - *A participant stated that many seniors that are homebound and lack a good support system often go without food on a regular basis.*

24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *Most seniors live on a fixed income, which limits the types of food they can purchase. It was recommended to encourage and emphasize gleam programs in the communities.*
25. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *The cost of food is a major barrier.*
    - *Lack of information about where seniors can get the foods they need.*
    - *Seniors being able to access the programs that provide the services. Some programs are in certain communities.*
    - *A senior stated that many times those in authority are unresponsive to their requests or concerns. It was stated that when they complain or report about the poor food some of the food banks provide, there is no response.*
    - *Some of the food provided to seniors is low quality, salty, and not nutritional.*

## Health and Health Care

26. How do you feel the health care needs of older adults are being met in your community?
    - *A senior stated that it is difficult to find a doctor that will accept Medicare in this community.*
    - *It is difficult to locate an internist in Wards 2 and 3.*
27. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
    - *No Response Provided.*
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
    - *The congregate meals provide nutrition and socialization.*
29. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?

- *No Response Provided.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?
    - *Doctors are reluctant to ask seniors about sexual activity. There are no seniors programs about HIV/AIDS.*
    - *Doctors need to be aware of geriatric medicine and have better bedside manners to determine underlying issues.*
    - *It was **recommended** to implement Adopt-A -Grandparent programs that will allow for cross-generational communication.*
    - *There is also a need for children and youth programs to assist seniors that provide care for grandchildren they are caring for.*

## Wards 5 and 6: Focus Group Summary

The focus group for Wards 5 and 6 was held at the Washington Center for Wellness on August 24, 2011. Three seniors participated in the focus group.

**Note: Low participation can be attributed to an earthquake in the area the previous day and the need to change the location of the focus group.**

The focus group facilitator asked participants a series of questions in the areas of in-home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. While few participants offered most of the responses to each topic or question, there was never widespread disagreement. Following are comments and observations from the focus group with Wards 5 and 6.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *More police in the area so that seniors feel safe and secure.*
    - *Greater access to information about the services offered to seniors would help seniors to know what is available for them in the community.*

### In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?
    - *Seniors need a lot of assistance buying groceries and doing heavy cleaning in their homes.*

3. How do you feel the home health care needs of older adults are being met in your community?
    - *The participants do not have experience with home health care aides.*

4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)
    - *Seniors need a lot of help making home repairs to stay in their homes that they have lived in for many years. Repairs to the home can be extremely expensive and not affordable for a senior that lives on a fixed income.*

## Transportation

5. When you go somewhere, how do you get there?
    - *One senior stated that he drives. Two other seniors stated that they rely on MetroAccess because of physical limitations.*
6. How often do you find that transportation is available to you when you need it?
    - *No Response Provided.*
7. When transportation is not available, how does this affect your life?
    - *The senior that drives stated that he helps a lot of friends that do not have transportation and many of them go without necessary things such as food, clean clothes, or visiting the doctor because they do not have reliable sources of transportation.*
    - *Two seniors that rely on public transportation stated they simply do not go places when transportation is not available even if they really need something.*
8. What are the barriers that you face, if any, to receiving or accessing transportation?
    - *No Response Provided.*

## Caregiving

9. Who do you provide caregiving for in your family?
    - *One participant stated that he provides care for many of his friends and people that live in his building.*
10. What made you begin caregiving for your family member(s)?

- *Participant stated that he has always cared for seniors since he was a young man and it is something that he feels is necessary especially when he is able to give his time. He stated that he would want someone to do the same for him.*

11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
    - *Participant stated that he is not aware of any programs or facilities that provide respite care in the District of Columbia. He has had to rely on resources in Maryland for these services.*
12. Have you felt burdened or that you need additional help to care for your family member(s)?
    - *No Response Provided.*

## Adult Day Care

13. Is there an adult day care facility in your community?
    - *Ward 5 has a live-in facility that offers some adult day care for seniors.*
14. Is the daily rate feasible for your level of income?
    - *Participants were not aware of the rate for adult day care.*
15. Does the adult day care facility provide the appropriate services to meet your needs?
    - *Participants stated they do not know because they have not utilized the services.*
16. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

17. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?
    - *Seniors are neglected, primarily by family members who do not properly care for or check on them. A lot of seniors have family that only comes around during the first of the month when seniors receive their checks.*

- *The participants stated that they were aware of APS but they are often limited in what they can do if a senior declines assistance. However, some seniors do deny help because they do not want it. Some seniors have mental issues that make them isolate themselves and deny help.*

## Special Populations

18. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
    - *No Response Provided.*
19. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?
    - *No Response Provided.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *None of the seniors in the group were actively seeking employment.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *Seniors need more support services in the community that make them feel wanted.*
22. If you need help navigating the system of services, what services do you need assistance with?
    - *Seniors need help becoming independent and feeling confident in what they can do for themselves.*

## Nutrition Needs

23. In the past 12 months, has there been a time where you have not had enough food to eat? How often?
    - *None of the seniors in the group have had challenges getting enough food to eat.*
24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *No. One participant stated that he is aware of a gentleman that eats a single meal that consists of a 99¢ burger and French fries from McDonald's every day because that is the only thing that he can afford and is accessible to him as he is not able to cook for himself.*
25. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *The biggest challenge for seniors receiving the food they need is money. Food costs more every year and many seniors eat cheap, unhealthy food that is bad for their health.*
    - *It was recommended to provide seniors with food stamps to help supplement with their food allowance and allow them to buy healthier foods.*

## Health and Health Care

26. How do you feel the health care needs of older adults are being met in your community?
    - *Participants stated that there are not a lot of doctors in their community.*
27. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
    - *A lot of providers do not accept Medicaid and this can be a challenge for seniors when looking for a doctor.*
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?

- *The participants stated that they were not aware of any resources or programs in the community to help seniors with emotional problems.*

29. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?
    - *No Response Provided.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?
    - *It was recommended for more programs and services to be advertised in places where seniors are or use. Using the Senior Beacon would be a great resource.*

## Wards 7 and 8: Focus Group Summary

The focus group for Wards 7 and 8 was held at Washington Senior Wellness Center on August 24, 2011. Ten seniors participated in the focus group.

The focus group facilitator asked participants a series of questions in the areas of in-home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. While few participants offered most of the responses to each topic or question, there was never widespread disagreement. Following are comments and observations from the focus group with Wards 7 and 8.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *Speed bumps installed in neighborhoods to make them safe.*
    - *Safe stores that seniors could walk to. Participant noted that she was speaking about stores other than convenience and liquid stores. She would like to see more grocery stores also.*
    - *Better transportation. MetroAccess' services are not adequate. Their routes are not convenient for seniors. In addition, the cost is not affordable for most seniors.*
    - *Caregiving services in the community and not downtown. Also, caregiving services need more monitoring. Furthermore, the caregiving services that are currently being provided do not meet senior needs; there are language barriers. There should be better matching of caregivers to clients.*
    - *Telephone calls from DCOA to check on seniors.*
    - *Better treatment from management in senior building. Management does not know how to communicate with seniors. They need more training.*

- *More lead agencies in the wards to check on seniors by knocking on their doors to see if they need anything.*
- *More time for a social worker to assess senior's needs. The four hours that is currently allocated is insufficient.*
- *Need more geriatric doctors in the emergency room that understand senior's needs. In addition, seniors need someone with them in the emergency room so that they do not agree to unneeded surgery.*
- *Information sharing should be provided to seniors other than on the internet. A lot of seniors do not have access to the internet.*
- *More drugstores in the neighborhood. A lot of seniors have to go to Maryland to get their prescription filled.*
- *Social workers need to look at alternatives when a senior is not eligible for services because their income is just a little over the cap. If you live to be 65 years old, the standards to receive services should be lowered.*
- *Interagency collaboration to address senior's needs. For example DCOA should work with DPW when there is a problem with sanitation crews not honoring handicap plates on trash-cans.*
- *Wellness centers should be in every ward. In addition, a social worker should be in each center for an allotted time period per week. One participant noted that the Dwelling House has a social worker.*
- *Police presence – This would make the neighborhood safe.*
- *Covers for all bus shelters should be installed.*
- *The income cap for seniors should be eliminated so that they can receive services.*
- *More education on services that are available to seniors.*
- *More seminars to inform and education seniors on their rights. A lot of seniors do not know their rights.*

- *More community outreach.*

## In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?
    - *House cleaning, doing the laundry and making a grocery list.*
    - *Using the internet.*
    - *Managing money, going to doctor visits, and going to church.*
    - *One participant stated that she needs financial help. She needs home improvements that will cost $17,000. She tried to get financial assistance from the District of Columbia and she was told that her income was too high.*
3. How do you feel the home health care needs of older adults are being met in your community?
    - *Most participants feel that home health care needs of seniors are not being met.*
4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)
    - *Most participants did not know of any seniors that are at risk of losing their homes; however, one participant knew of someone that could use home modifications to stay in their home.*

## Transportation

5. When you go somewhere, how do you get there?
    - *Most participants take public transportation.*
    - *A few participants take MetroAccess; however, this is inconvenient to seniors because they do not always get seniors to their doctor appointments on time. Sometimes they have to sit and wait for hours.*
    - *The price to and from a location are not always the same price.*

- *MetroAccess drivers do not make change; you have to have the exact fare.*
- *One participant stated that for doctor visits she takes WEHTSS services to travel to doctor appointments. She was pleased with this service.*

6. How often do you find that transportation is available to you when you need it?
   - *No Response Provided.*
7. When transportation is not available, how does this affect your life?
   - *Participants stated that transportation is available; however it may get you to your doctor appointment late. Buses do not arrive on schedule.*
8. What are the barriers that you face, if any, to receiving or accessing transportation?
   - *One participant stated that service prices are so high and there should be a cap on prices for seniors. It should be no more than $5 for seniors.*
   - *One participant stated that transportation is not easily accessible. She has to walk about 2½ blocks to the Metrobus stop.*
   - *Participants stated that they do not drive because parking is designated only for residents that live in a particular ward. Visitors can only park for two hours.*

## Caregiving

9. Who do you provide caregiving for in your family?
   - *No Response Provided.*
10. What made you begin caregiving for your family member(s)?
    - *No Response Provided.*
11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
    - *Participants did not know of any respite care organizations in the District. One participant noted that there was an organization in Maryland, Helping Hands Adult,*

*and District of Columbia residents can attend. However, in order to get respite care she had to coordinate with the social worker to put respite care in the plan so that Medicaid would pay for it.*

- *One participant stated that when you are in hospice care, it is easy to get respite care.*
- *One participant stated that she called DCOA to obtain information on respite care and she was not provided any information.*

12. Have you felt burdened or that you need additional help to care for your family member(s)?
    - *No Response Provided.*

## Adult Day Care

13. Is there an adult day care facility in your community?
    - *Most participants did not know of any adult day care facilities in Wards 7 and 8. The wellness center is serving as a "catch all" including adult day care.*
    - *One participant stated that she thinks that Phillip T. Johnson is an adult day care facility but she was not sure.*
14. Is the daily rate feasible for your level of income?
    - *No Response Provided.*
15. Does the adult day care facility provide the appropriate services to meet your needs?
    - *No Response Provided.*
16. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

17. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?
    - *Most participants did not know of any seniors that are being abused.*

- *One participant stated that she sees neglect and emotional abuse all day long at the wellness center. Seniors are often ignored at these facilities and are not treated nicely. Participant recommended training staff members to interact respectively with seniors.*
- *Most participants know that if they are being abused or know of anyone that is being abused to contact APS.*

## Special Populations

18. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
    - *No Response Provided.*
19. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?
    - *No Response Provided.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *Some participants were seeking part-time employment.*
    - *One participant thinks that she is being discriminated against because of her age.*
    - *Another participant stated that she was told that she makes too much.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *Most participants did not know that case management existed.*
    - *The majority of participants agreed that there should be a social worker at every wellness center.*
    - *One participant stated that the social worker should include the caregiver in the discussion of care. Participant recommended that social workers receive more training.*

22. If you need help navigating the system of services, what services do you need assistance with?
    - *No Response Provided.*

## Nutrition Needs

23. In the past 12 months, has there been a time where you have not had enough food to eat? How often?
    - *All of the participants have had enough food to eat in the past 12 months; however, they knew of other seniors who have not had enough food to eat.*
24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *No Response Provided.*
25. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *One participant stated that Nutrition Inc. filed bankruptcy and the District of Columbia did not have another vendor in place to deliver meals to seniors. Whole Foods stepped in and donated fresh fruits and vegetables and it was the best food that had ever been delivered to seniors.*
    - *Participant recommended that the vendors that the District of Columbia select should have the same quality of food as Whole Foods. The vendor should be monitored and not selected just based on price. The majority of the participants agreed.*
    - *One participant stated that Meals on Wheels delivers food that has not been kept in a refrigerator. The food is delivered late and there is too much processed meat, therefore the meals are not considered healthy. The food is too salty.*
    - *One participant stated that Ward 7 does not have enough supermarkets. Participant recommended that all seniors should receive food vouchers regardless of their income level so that they can use the vouchers at the farmer's market in order to buy fresh vegetables.*

## Health and Health Care

26. How do you feel the health care needs of older adults are being met in your community?
    - *One participant stated that the health care needs of seniors are not being met. Doctors are not sensitive to the needs of seniors. A few more participants agreed.*
    - *The wait time for doctor visits is too long.*
27. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
    - *No Response Provided.*
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
    - *One participant stated that the community really does not address loneliness and depression. Often, churches will assist in this area.*
    - *One participant stated that adequate help is not available for depressed seniors. Some Catholic organizations offer services for depressed seniors.*
29. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?
    - *No Response Provided.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?
    - *One participant recommended that the District of Columbia establish a foster care program for seniors.*

## Persons Living With a Disability: Focus Group Summary

The focus group for persons living with a disability was held at KEEN Senior Services on September 8, 2011. Six seniors participated in the focus group.

The focus group facilitator asked participants a series of questions in the areas of in-home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. While few participants offered most of the responses to each topic or question, there was never widespread disagreement. Following are comments and observations from the focus group.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *A list of government agencies that provide services for people with disabilities.*
    - *Greater inter-agency collaboration.*
    - *Communication system wherein seniors can give comments and receive responses immediately.*

### In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?
    - *Help with feeding.*
    - *Help performing household chores such as cleaning house and cooking.*

### General Comments

- *The majority of participants agreed that seniors should be informed of their rights and that they should exercise their rights. A non-threatening environment should be established in order for seniors to exercise their rights.*

3. How do you feel the home health care needs of older adults are being met in your community?
   - *Most participants feel that home health care needs of older adults are not being met. The following observations and comments were made:*
     - *Seniors have caregivers; however, they do not visit often. In addition, in some cases the visits are too lengthy while in other cases the visits are too brief. One participant recommended that a more detailed assessment of the senior's situation should be conducted to estimate the number of hours that they actually need caregiving services. The assessment should be performed periodically.*
     - *Caregivers do not always work the hours that they enter on their timesheets. Often, seniors do not know what they are signing when the caregiver gives them their timesheet. One participant recommended that quality checks should be conducted to ensure that caregivers are actually working the times reported. In addition, the government needs to ensure that caregivers are certified.*

4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)
   - *Most participants did not know of any seniors that are at risk of losing their homes. One participant recommended that the government should conduct site visits to seniors' homes to find out how they are living.*

## Transportation

5. When you go somewhere, how do you get there?
    - *Some participants take public transportation.*
    - *One participant rides with friends to go everywhere.*
    - *A few participants take MetroAccess to go to doctor appointments; however it is always late picking up seniors. One participant knew of an instance when it took MetroAccess eight hours to pick up a senior from the hospital.*
    - *One participant takes WEHTSS to travel to doctor appointments. She was pleased with this service, though WEHTSS has boundary limitations.*
6. How often do you find that transportation is available to you when you need it?
    - *Most participants agree that transportation is always available; however, it is late.*
7. When transportation is not available, how does this affect your life?
    - *Most participants agreed that transportation is always available; however, buses do not arrive on schedule and as a result, seniors may get to your doctor appointments late.*
    - *One participant stated that public transportation is limited after 7:00 pm.*
8. What are the barriers that you face, if any, to receiving or accessing transportation?
    - *One participant stated that transportation is not easily accessible. She has to walk about 1½ blocks to the Metrobus stop. The bus stop is not safe. There have been several instances wherein seniors have been accosted.*
    - *Participants stated that sometimes the fare that MetroAccess charges is inaccurate. She was charged for the scheduled pick up time instead of the actual pick up time.*

## Caregiving

9. Who do you provide caregiving for in your family?
    - *A few participants stated that they had experience providing care for someone, mainly for family and friends.*

10. What made you begin caregiving for your family member(s)?
    - *One participant stated that she began caregiving out of necessity when her husband became disabled.*
    - *One participant stated that she begin caregiving at the age of 15 because of her family tradition of taking care of relatives, friends, and neighbors who were sick.*
11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
    - *Most participants did not know of any respite care organizations in the District of Columbia. One participant noted that there was one organization, People Helping Other People.*

## General Comments

- *Paying for respite could be a barrier for seniors to receive respite care services if it is not free.*
- *The Home Care Aid takes care of family member in order for the care giver to run errands.*
- *Participant heard that in order to receive respite care, the family member has to have Medicare coverage.*

12. Have you felt burdened or that you need additional help to care for your family member(s)?
    - *No Response Provided.*

## Adult Day Care

13. Is there an adult day care facility in your community?
    - *Most participants did not know of any adult day care facilities.*

- *One participant stated that Washington Home is an adult day care facility in upper northwest and it costs $105 per day with assistance from DCOA. The Washington Center for Aging is another adult day care facility in the District of Columbia.*

14. Is the daily rate feasible for your level of income?
    - *No*
15. Does the adult day care facility provide the appropriate services to meet your needs?
    - *Yes, the adult day care facility has different activities. They are staffed with doctors and nurses and they provide meals.*
16. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

17. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?
    - *One participant knew of seniors that are abused financially, due to illiteracy, and emotionally. She made the following observations and comments:*
        - *There is misuse of seniors' checking accounts, stealing of money and personal property by the resident manager.*
        - *The resident manager speaks to seniors in a threatening manner when they ask questions. One participant recommended that resident managers in the District of Columbia receive the same training that the federal government provides to resident manager that manage federally owned facilities.*
        - *The community room in the facility is not available for senior activities because it is always rented out to other people.*
        - *When seniors go on sponsored trips such as casinos they are not properly fed; they eat a bag of chips and a doughnut.*

- *Seniors are emotionally abused by the current security people who are allegedly paid $200 to sit at the front desk and $1,000 to search seniors' apartments in the housing facility. Participant recommended that the District of Columbia should provide private security service.*

- *Most participants know that if they are being abused or know of anyone that is being abused to contact APS. However, one participant feels that actions are not taken when they report abuse to APS.*

## Special Populations

18. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
    - *No Response Provided.*
19. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?
    - *No Response Provided.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *Some participants are seeking employment. They think that they are not being hired because of age discrimination.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *More exercise programs at senior facilities. Participant recommended that senior facilities contact the YMCA to invite them to visit senior facilities to conduct exercise programs.*

22. If you need help navigating the system of services, what services do you need assistance with?
    - *Respite care.*
    - *Transportation.*

## General Comment

- *Navigating the system is a problem. Often when you call DCOA the mailbox is full and you are given a number to call and no one answers the telephone.*
- *East River Family Strengthening Collaborative services are very good.*

## Nutrition Needs

23. In the past 12 months, has there been a time where you have not had enough food to eat? How often?
    - *All of the participants have had enough food to eat in the past 12 months; however, they knew of other seniors who have not had enough food to eat.*
24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *Most participants think that they are eating the right foods; however, they are not seeing a dietician to ensure that they are eating right.*
25. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *One participant stated that Meals on Wheels does not deliver nutritionally balanced and tasty food. Participant brought a bag of food to the focus group that had been delivered by Meals on Wheels to her husband. After examining the food, the majority of participants agreed that the food was visually not appealing. Participants recommended that vendors should be screened and demonstrate their ability to prepare nutritionally balanced and tasty food.*
    - *Many seniors do not receive food that they need due to financial barriers*

## Health and Health Care

26. How do you feel the health care needs of older adults are being met in your community?
    - *One participant stated that her health care needs are being met.*
27. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
    - *There are no hospitals in the area. The closest hospital is in Prince George's county. Participant **recommended** that the District of Columbia build a hospital in the area with a trauma unit.*
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
    - *One participant stated that the community does not have an emotional support system to handle loneliness and depression.*
    - *One participant stated that she often reaches out to try and help depressed people. Participant recommended that communities establish floor captains for seniors that live in housing facilities or block captains for senior that live in private homes in residential neighborhoods.*
29. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?
    - *No Response Provided.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?

- *One participant recommended that their council member be accessible to the people in the ward that she represents.*
- *The majority of the participants recommend that the DCOA present feedback to the community about the results of the needs assessment.*

## Lesbian, Gay, Bisexual and Transgender: Focus Group Summary

The focus group for LGBT was held in the lower level conference room at 1101 15th Street NW, Washington, DC, on September 8, 2011. Eight seniors participated.

The focus group facilitator asked participants a series of questions in the areas of in-home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. While few participants offered most of the responses to each topic or question, there was never widespread disagreement. Following are comments and observations from the focus group.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *Extended hours at the wellness centers so that working seniors have the opportunity to attend them.*
    - *A safe place for LGBT to attend.*
    - *Employment opportunities.*
    - *More retirement homes that offer gradual care. There is only one in the District of Columbia, Thomas House.*
    - *Support systems for LGBT and their partners including financial support.*
    - *Inter-agency collaboration.*

### In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you think older adults need the most help with?
    - *Help with transportation.*
    - *Help with shopping.*
    - *Help with hygiene care such as taking a bath.*

## General Comments

- *Short term health care is very expensive and most seniors cannot afford it.*
- *If you marry in the District your benefits cannot transfer.*

3. How do you feel the home health care needs of older adults are being met in your community?
    - *Participant stated that he tried to obtain information from DCOA in reference to home services. He found out that DCOA does not have LGBT specific services so he had to use private services and he ensured that the care giver could relate to a gay man*

## General Comments

- *The Office of LGBT and DCOA are working in collaboration; however, more services need to be provided for the LGBT.*

4. Are you at risk of losing your home? If so, what do you need to remain in your home? (e.g., home modifications, financial assistance)
    - *One participant stated that his home needs modification; however, the District of Columbia could not assist him because the cost for the modification is $50,000 and his balance on the home is $30,000.*

## General Comments

- *One participant recommended that the District of Columbia hold seminars to educate seniors on their rights and how to obtain financial assistance. The District of Columbia should have a one-stop shop to obtain information.*

## Transportation

5. When you go somewhere, how do you get there?
    - *Most participants drive and take public transportation.*

- *One participant takes MetroAccess to go to doctor appointments; however, it is always late picking him up and he feels disrespected. He is not happy with the service and he knew of other seniors that feel the same.*

## Addition Questions

6. What assistance would you need if you were not mobile?
   - *Most participants stated that they would have to take MetroAccess.*
7. How often do you find that transportation is available to you when you need it?
   - *No Response Provided.*
8. When transportation is not available, how does this affect your life?
   - *No Response Provided.*
9. What are the barriers that you face, if any, to receiving or accessing transportation?
   - *No Response Provided.*

## Caregiving

10. Who do you provide caregiving for in your family?
    - *Some participants have provided caregiving for friends.*
11. What made you begin caregiving for your family member(s)?
    - *Participants stated they began caregiving because their friends did not have any family or anyone to care for them.*
12. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
    - *Most participants did not know of any respite care organizations in the District of Columbia.*
13. Have you felt burdened or that you need additional help to care for your family member(s)?
    - *No Response Provided.*

## Adult Day Care

14. Is there an adult day care facility in your community?
    - *Most participants did not know of any adult day care facilities.*
    - *One participant was aware of IONA adult day care services; however, their services are not gay friendly. Participants agreed that gay friendly adult care services are needed in the District of Columbia.*
15. Is the daily rate feasible for your level of income?
    - *No Response Provided.*
16. Does the adult day care facility provide the appropriate services to meet your needs?
    - *No Response Provided.*
17. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

18. Do you know of someone who is being abused, neglected, or financially exploited? If so, are they aware of District government resources to access assistance in these matters?
    - *One participant stated that seniors need to know their rights and that most relatives steal money from them.*
    - *Most participants know that if they are being abused or know of anyone that is being abused to contact APS or DCOA.*

## General Comments

- *LGBT seniors are exploited every month at the first of the month when they receive their checks. Participant recommended that the District of Columbia should provide education, fellowship and knowledge sharing in this area.*

## Special Populations

19. Do you feel the needs of special populations (e.g., racial minorities, persons with disabilities, LGBT) are being met in your community?
    - *The majority of the participants agreed that the LGBT needs are not being met. Participant recommended that the District of Columbia should work with SAGE to provide services to the LGBT community.*

## General Comments

- *Participants agreed that they would like to see events for LGBT at the local AARP level. Participant recommended that DCOA encourage more LGBTs to get involved in the AARP local chapter.*

20. In general, what do you think are the main barriers, if any, to special populations receiving or accessing the services they need?
    - *Participants agreed that information about available services is a barrier. The LGBT community needs to know that they can participate in the services without fear.*

## Employment

21. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *No Response Provided.*

## Case Management/Wellness

22. What services do you need the most to boost your quality of life?

- *One participant stated that there are LGBTs that would like to go to wellness centers, but they feel that they are not welcome. Participant recommended that the District of Columbia educate people on cultural sensitivity.*

23. If you need help navigating the system of services, what services do you need assistance with?
    - *Day care.*

## Nutrition Needs

24. In the past 12 months, has there been a time where you have not had enough food to eat? How often?
    - *No Response Provided.*

25. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *No Response Provided.*
26. In general, what do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *No Response Provided.*

## Health and Health Care

27. How do you feel the health care needs of older adults are being met in your community?
    - *No Response Provided.*
28. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your physical health?
    - *No Response Provided.*
29. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?

- *One participant stated that the community does not have an emotional support system to handle loneliness and depression for the LGBT community. The DCOA really needs to support programs for depression because it is very high in the LGBT community.*
  - *A lot of people are committing suicide.*
  - *When people move into senior facilities, they tend to hide their identity.*
- *One participant recommended that the District of Columbia should assist in creating a buddy system or have someone call seniors to see how they are doing.*
- *One participant recommended that the District of Columbia should establish a listening service dedicated to really listening to the needs of seniors.*
- *One participant recommended that the District of Columbia should distribute a telephone number for people to call to get information on mental health.*

30. In general, what are the barriers, if any, to receiving or accessing the help you or others might need regarding your mental or emotional health?
    - *No Response Provided.*

## General Closing Question

31. Is there any additional information that you would like to provide regarding the needs of seniors in your community?
    - *Senior HIV population is aging. Participant recommended that the District of Columbia view this problem.*
    - *Participant recommended that the District should place the LGBT/SAGE property in a safe location so that they can organize themselves.*
    - *Participant recommended that the DCOA LGBT should help organize and sponsor a LGBT conference.*
    - *Transgenders have barriers when they try to receive services.*
    - *There are only two publications in the District of Columbia for the LGBT community. The DC Blade no longer lists LGBT organizations.*

- *Participant suggested that the next time that the District of Columbia conducts focus groups that participants receive a stipend.*
- *The majority of the participants recommend that the DCOA present feedback to the community about the results of the needs assessment.*

## Hispanic or Latino: Focus Group Summary

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *More transportation is needed.*
    - *Better recreation centers in all areas for seniors.*
    - *More hours for bus transfers.*
    - *More communication centers for senior citizens.*
    - *Police presence to ensure the buildings where seniors live are safe.*
    - *Less expensive adult daycares that seniors will be able to afford.*
    - *Better traffic lights and sound to cross the streets.*
    - *Better healthcare and affordable companionship.*

### In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you need the most help with?
    - *Most seniors need help with home cleaning and cooking as well as activities such as shopping for groceries.*
    - *A nurse to help with administration of medication.*
    - *Companionship on the weekend because communication centers are closed and they feel lonely at home with no person to talk to.*
3. How do you feel about the in-home health care needs of older adults that are being met in your community?
    - *The needs are not being met in the Spanish community; many of the home aides do not speak Spanish.*
4. Are you or someone you know at risk of losing their home? If so, what do you need to remain in your home? (e.g.; home modifications (repairs), financial assistance)

- *The participants did not state they were at risk of losing their home; however, they did state that there is a need for financial assistance to repair their homes including the installation of special stairs in their homes and alarms to keep them safe.*
- *The participants stated that home modifications and equipment is very expensive, and they are not able to afford it. They expressed that it would be great if the government could assist them with these expenses.*

## Transportation

5. When you go somewhere, how do you get there?
    - *Most of the time they take the bus or walk.*
    - *It is rare that they take a taxi because is very expensive for their income level.*
6. How often do you find that transportation is available to you when you need it?
    - *Everybody stated that they rarely ever find transportation that is available when they need it.*
7. When transportation is not available, how does this affect your life?
    - *The participants stated that transportation plays a major role in their lives; it affects them tremendously when it is not available.*
    - *When transportation is not available, some participants stated that they miss important doctor's appointments, and in other instances, they cannot attend some daily activities that get them out of the house to socialize and participate in activities.*
8. What are the barriers that you face in receiving or accessing transportation?
    - *Participants stated that transportation is very poor. The bus schedules are not convenient especially on the weekends and during rush hour. Sometimes two or three buses come at the same time and there is a long period of time before another bus arrives. On some occasions they have to wait more than an hour for a bus to come.*
    - *The bus stop is a long distance away from where they live, so they have to walk a long way to take the bus.*

- *Participants also expressed that the government should take more control of the bus schedules to facilitate their transportation and instruct the bus drivers to take control of the senior citizen seats so that they will be available for seniors instead of young people.*

## Caregiving Questions (ONLY ASK IF CAREGIVERS ARE PRESENT)

- *No caregivers were present in the meeting.*

9. Who do you provide caregiving for in your family?
10. What made you begin caregiving for your family member(s)?
11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
12. Have you felt burdened or that you need additional help to care for your family member(s)?

## Adult Day Care

13. Is there an adult daycare facility (a place for older adults to receive care during the day) in your community? (If the answer is **NO**, go to next section).
    - *A single participant stated that she is aware of an adult day care facility in the community.*
14. Is the daily rate feasible for your level of income?
    - *A participant stated that the adult day care facility that she is aware of charges $4,000 a month for their services. It is impossible for most seniors to afford the cost because most of the participants are retired and their income will not allow them to attend.*
15. Does the adult daycare facility provide the appropriate services to meet your needs?
    - *They did not have experience to give an opinion.*
16. Is there transportation available to and from the adult daycare facility?

- *No experience to submit an opinion.*

## Abuse, Neglect, and Financial Exploitation

17. Are you or someone you know being abused, neglected, or financially exploited? If so, are you aware of District government resources to access assistance for abuse, neglect or financial exploitation?
    - *The participant stated that they would like to have more information and education about abuse, neglect, and financial exploitation. For example, they would like to have more access to telephone numbers to report abuse. Also, they want to know the name of organizations that will help them with situations in the case of emergencies.*

## Special Populations

18. Do you feel the needs of older Latinos are being met in your community?
    - *No, they participants stated they feel their needs are ignored by the community because many of them cannot voice their opinion in the community.*
19. What do you think are the main barriers to older Latinos receiving or accessing the services they need?
    - *Language. The seniors stated they would like to have access to a person that speaks their own language to understand the services available to them and their rights.*
    - *There is a lot of social, economic, and political discrimination, especially in the government agencies.*
    - *When an older Latino applies for something it takes a much longer time to get an answer. Sometimes there is never a response or their file gets lost.*
    - *Housing is a major problem for Hispanic or Latino citizens. Many property services do not meet their special needs.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *Some of the participants said they were looking for a job, but they were unsuccessful. Many employers don't want to hire older people because they become problems for the company. In general they feel that they are being discriminated because of their age. They recommended that the government create a type of business to employ the seniors to keep them busy and still make a profit for the government and for them.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *Affordable and adequate housing.*
    - *More access to health insurance.*
    - *More help with the medication.*
    - *Financial assistance.*
    - *More recreation centers for senior citizens, especially on the weekends.*
22. If you need help navigating the system of services, what services do you need assistance with?
    - *The seniors expressed that they did not have knowledge about the programs available to give them these kinds of services.*

## Nutrition Needs

23. In the past 12 months, have there been times when you have not had enough food to eat? If so, how often?
    - *Many of the seniors expressed that they have very tight budgets on their fixed incomes, and they cannot afford all of the food they need.*
24. Do you feel that you are able to afford the right (nutritional and balanced/healthy) food to eat?

- *A large proportion of seniors stated that most of their income is from social security, retirement pension and some of them don't have any income at all and cannot afford healthy and nutritional food.*

25. What do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *It was stated that it is very difficult for them to have access to a balanced diet, especially to fit their medical conditions, such as diabetes, cholesterol, and overweight.*
    - *Economic strain is a major barrier to receiving appropriate foods.*
    - *Transportation to facilities such as group meal sites and food banks.*

## Health and Health Care

26. How do you feel about the healthcare needs of older Latinos are being met in your community?
    - *Medicare, Medicaid, and other government insurances do not sufficiently help them with the adequate medical needs; for example, medical insurance premiums and medications are too expensive.*
27. What are the barriers to receiving or accessing the help you or others need regarding your physical health?
    - *Money and finances.*
    - *Access to rehabilitation centers and physical therapy.*
    - *Lack of activities for seniors.*
    - *Abandonment and isolation.*

28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?

- *The group stated that they do not feel that the community helps them with feelings of depression or loneliness. Most of the time they are lonely and depressed at home with no activities to perform.*
- *The seniors expressed they would like for the government to create more programs and better recreation centers to support them.*

29. What are the barriers to receiving or accessing the help you or others need regarding your mental or emotional health?
    - *It was expressed that there is a lack of information and education about mental programs.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?
    - *Transportation is a major problem for seniors. It was stated that an urgent solution is needed for transportation problems. More buses are needed at the wellness centers to transport seniors to the recreation activities.*
    - *Wellness centers need more economic help to implement programs that meet the seniors' needs.*

## Asian and Pacific Islander: Focus Group Summary

The focus group for District of Columbia Office on Aging was held at St. Mary's Church on September 14, 2011. Nine seniors participated in the focus group.

The focus group facilitator asked participants a series of questions in the areas of in home service needs; transportation; caregiving; adult day care; abuse, neglect, and financial exploitation; special population; employment; case management; nutrition needs; and health and health care. Following are notes from the focus group.

1. What would you like to see in your community that would make it a better place for older adults to live?
    - *Several seniors stated they do not feel secure in their community. One participant stated that she has seen gun violence in her neighborhood.*
    - *The participants stated they would like to have a facility where they can participate in activities both outside and inside such as chess, mahjong, or playing cards.*
    - *The participants stated that they would like to see more people at locations like pharmacies that speak their language.*

### In-Home Service Needs

2. Sometimes older adults need help with daily life activities. What kinds of activities do you need the most help with?
    - *Participants stated that most seniors need help shopping and buying groceries.*

3. How do you feel the in-home health care needs of older adults are being met in your community?

- *The participants stated the main concern with in-home health care services is communication. They cannot communicate with the aides and therefore cannot tell them their needs.*

4. Are you or someone you know at risk of losing their home? If so, what do you need to remain in your home? (e.g., home modifications (repairs), financial assistance)
    - *Most of the seniors stated they live in apartments and they are satisfied with the condition. Those that own his/her home stated they could benefit from financial assistance to maintain and repair their home.*

## Transportation

5. When you go somewhere, how do you get there?
    - *The participants stated that they either take the bus or walk.*
6. How often do you find that transportation is available to you when you need it?
    - *No Response Provided.*
7. When transportation is not available, how does this affect your life?
    - *The participants stated that they either walk or ask their children to take them places. If these options are not available they stay at home.*
8. What are the barriers that you face to receiving or accessing transportation?
    - *The fares for transportation in the District of Columbia are relatively higher than other areas. A participant stated that Montgomery County, Maryland provides free transportation service to seniors during certain time periods, but the District of Columbia does not offer this or anything similar.*

## Caregiving Questions (ONLY ASK IF CAREGIVERS ARE PRESENT)

- *No caregivers were present in the meeting.*

9. Who do you provide caregiving for in your family?
10. What made you begin caregiving for your family member(s)?

11. Are there any organizations or other family members that provide you with respite care to assist with your family member(s)?
12. Have you felt burdened or that you need additional help to care for your family member(s)?

## Adult Day Care

13. Is there an adult day care facility in your community?
    - *There is an adult day care facility in the community.*
14. Is the daily rate feasible for your level of income?
    - *The adult day care facility is affordable.*
15. Does the adult day care facility provide the appropriate services to meet your needs?
    - *None of the participating seniors use the adult day care facility. They all indicated that they live independently.*
16. Is there transportation available to and from the adult day care facility?
    - *No Response Provided.*

## Abuse, Neglect, and Financial Exploitation

17. Are you or someone you know being abused, neglected, or financially exploited? If so, are you aware of District government resources to access assistance for abuse, neglect or financial exploitation?
    - *None of the seniors were aware of another senior that has been abused, neglected, or financially exploited.*

## Special Populations

18. Do you feel the needs of older Asians and Pacific Islanders are being met in your community?
    - *No Response Provided.*
19. What do you think are the main barriers to older Asians and Pacific Islanders receiving or accessing the services they need?

- *The main barrier is communication. It is difficult to access services or ask for help if no one speaks their language.*

## Employment

20. Are you currently seeking employment? If so, what difficulties are you facing being in the job market?
    - *No, all of the participants stated they are retired.*

## Case Management/Wellness

21. What services do you need the most to boost your quality of life?
    - *Seniors need a safe and secure living environment to maintain a high quality of life.*
    - *Seniors also need financial assistance to help afford utilities. Each year there are increases in utilities, but they do not receive an increase in income.*
22. If you need help navigating the system of services, what services do you need assistance with?
    - *No Response Provided.*

## Nutrition Needs

23. In the past 12 months, has there been a time when you have not had enough food to eat? How often?
    - *The seniors stated that they have not experienced not having enough food to eat.*
24. Do you feel that you are able to afford the right (nutritionally balanced/healthy) food to eat?
    - *No, and the group meals they are provided are not good quality.*
25. What do you think are the main barriers, if any, to older adults receiving or accessing the food they need or want?
    - *No Response Provided.*

## Health and Health Care

26. How do you feel the health care needs of older Asians and Pacific Islanders are being met in your community?
    - *Participants who have Medicare are fully protected by the plan, but participants who have Medicaid are not fully protected. Some of the participants stated some vaccines, especially for seniors, are expensive.*
27. What are the barriers to receiving or accessing the help you or others need regarding your physical health?
    - *No Response Provided.*
28. Older adults often feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
    - *The community needs to help seniors a lot more, especially those that do not speak English. Several participants stated they would like to have basic internet service so they can stay informed and read information in their language.*
29. What are the barriers to receiving or accessing the help you or others need regarding your mental or emotional health?
    - *No Response Provided.*

## General Closing Question

30. Is there any additional information that you would like to provide regarding the needs of seniors in your community?
    - *Many of the facilities in the community are outdated and need to be replaced.*
    - *If possible, the participants stated they would like to have a Chinese grocery store in the District of Columbia Chinatown.*

# Appendix D: Key Informant Discussion Guide

1. Based on your knowledge and experiences, what are the top three needs of:
    a. Seniors
    b. Persons living with disabilities
    c. Caregivers
    d. Special populations

    in the District of Columbia?
2. Based on your knowledge and experiences, what are the major barriers to:
    a. Seniors
    b. Persons living with disabilities
    c. Caregivers
    d. Special populations

    receiving the services they need?
3. What are the top three programs/services that are working well in the District of Columbia for:
    a. Seniors
    b. Persons living with disabilities
    c. Special populations
4. What additional services can the District of Columbia and DCOA provide to members of special population groups to improve their quality of life and the services offered to them in your community?
5. Are there any additional comments that you would like to provide regarding the needs of seniors in the District of Columbia?

6. If you use DCOA programs/services, how well is DCOA providing services to seniors living in the District of Columbia, disabled persons between the ages of 18-59 and/or caregivers?
7. If you do not use DCOA programs/services, why not?

# Appendix E: Key Informant Summaries

## Key Informant Session I Summary

1. Based on your knowledge and experiences, what are the top needs of:

   a. Seniors

      - *Transportation.*
      - *Nutrition.*
      - *Access to Social Services.*
      - *In-Home services.*
      - *Mental Health.*
      - *Affordable Housing.*
      - *Opportunities for education and outreach to develop health-seeking behavior.*
      - *One-Stop Shop for seniors to get all of the services they need.*
      - *Seniors that have some moderate income need more access to services.*
      - *Socialization and opportunities for community engagement.*
      - *Job training, so that seniors can go back into the workforce.*
      - *Stronger awareness of ADRC*

   b. Persons living with Disabilities

      - *Daycare, there are no daycare facilities that are specialized for persons living with disabilities.*
      - *In-home assessment and case management because a lot of persons living with disabilities need many of the services to come to them.*
      - *All of the same services that are open to seniors are needed for those that are not seniors and living with disabilities.*

   c. Caregivers

      - *Resources for middle income families and possible review of income standards.*

- *Respite care, including increased funding to help provide respite care.*
- *Greater education to be able to navigate the system of care.*
- *Emotional support.*
- *Workplace support.*

d. Special Populations

- *Sensitivity training that will allow providers of services to be culturally sensitive to all special populations.*
- *Limit the barriers of communication by being aware of the populations that are being served and hiring staff that can communicate with them and are sensitive to their needs culturally.*
- *Adult day care for seniors that do not speak English.*
- *Mental health services.*
- *The system of care must be aware of the aging HIV/AIDS population and how to address the population's special needs.*

2. Based on your knowledge and experiences, what are the major barriers to:

a. Seniors

- *Seniors tend to be private and it can be difficult to disseminate information to the senior population. Providers of services must develop a trusting relationship to provide information and to be understood.*

- *There is a limited capacity (not lack of expertise) of DCOA network. There are currently services that have wait lists, such as case management. If there were adequate resources, providers could engage in active outreach in the community.*
- *Mental health issues that prevent some seniors from receiving services. A protective needs panel should be established so that providers of services can go through the court system to get help for people who are resistant to care which is often due to mental health issues.*

b. Persons living with Disabilities

- *Disabilities are themselves a barrier to receiving care due to limited mobility of some persons living with disabilities.*

c. Caregivers

- *Income requirements for some services are a barrier to care for many caregivers. Many caregivers make too much to receive Medicaid but they need additional resources to provide care for their family member/friend.*

d. Special Populations

- *The major barriers for special populations are cultural and language barriers.*
- *Case managers and those with direct client contact need cultural sensitivity training.*
- *There is a need for more services and outreach materials provided in multiple languages.*
- *Many providers do not consider or ask seniors if they are LGBT, and many of their needs are not being met.*

e. Homeless Seniors

- *The system of care must address why people are homeless. For homeless seniors, mental health and substance abuse issues can also be compounded by dementia.*

- *There is a lack of supportive housing for homeless seniors. There also needs to be assurance that homeless seniors that are placed into permanent housing are prepared and ready for permanent housing. Often, these seniors will place their housing in jeopardy by allowing homeless friends to sleep over or by continuing to live as if they are homeless (e.g., collecting items/hoarding, sleeping on the floor)*

f. All Groups

- *The lack of physicians that accept Medicaid and Medicare is a problem.*
- *There are not a lot of college courses/programs that encourage people to go into senior care. There need to be more programs/internships that are available within the District of Columbia.*
- *There is a lack of inter-agency coordination of services when problems cross agencies. There is a great need for agencies to collaborate to address barriers.*

3. What programs are working well in the District of Columbia?

- *Overall the key informants felt the following programs work well for all of the populations:*
  - *Case management.*
  - *Home care health aides, although it would be better if aides could have more time with their patients.*
  - *The Village movement (non-profit set up in the community with volunteers from the community that are vetted and provide a variety of services including yard work, note taking at the doctor, transportation, companionship, etc.)*
  - *Home delivered meals and congregate meals, as well as more meals offered to accommodate different ethnicities.*
  - *WEHTSS program for transportation.*
  - *Arts programs.*

- *Adult day care works well but there are not enough facilities.*
- *Wellness centers.*

4. What additional services can the District of Columbia and DCOA provide to members of special population groups to improve their quality of life and the services offered to them in your community?
    - *Better system to provide emergency shelters for seniors.*
    - *There is a great need for qualified and authorized people to help with medication management for people that need medication on a regular basis.*
    - *There is a need for comprehensive medical facilities to be brought into the home.*
    - *More effort should be made to reach out to the LGBT community. The government needs to collaborate more with the LGBT community and find a model that works to provide proper services.*
    - *There is a need for a program/agency to check on seniors that live alone in their homes.*
    - *There is a need for additional funding for mental health staff.*
    - *There is a great need for bilingual staff that can provide services for all major cultural groups.*
5. Additional Comments
    - *Service providers need to be aware that the major service group is seniors over the age of 85.*
    - *Many of the professionals that provide services are not knowledgeable about the LGBT community and that is a problem because there is a cohort of seniors that identify as LGBT and they require different needs in some areas than other seniors.*
    - *There is a great need to provide additional government funding for wellness centers to have better activities for socialization and recreation.*

- *More planning and collaboration between agencies to provide services for seniors.*
- *Companionship programs are greatly needed. There should be a volunteer match program. Many of the programs that are currently in place can only accept volunteers that are 60 years and older.*
- *The providers stated that they would like to see a needs assessment focused on each target group separately. Focusing on everyone is extremely broad.*
- *DCOA should provide a newsletter to help communicate better with the community.*

6. If you use DCOA programs/services, how well is DCOA providing services to seniors living in the District, disabled persons between the ages of 18-59, and/or caregivers?
    - *The key informants stated that although DCOA offers many services, many of the services should be updated. Organizations want to work better with DCOA and this is an exciting time to reinvent DCOA.*
    - *DCOA has great services but there is a need for more services in the community. (see question #4).*

## Key Informant Session II Summary

1. Based on your knowledge and experiences what are the top three needs of:

### a. Seniors

*Healthcare*

- *Health care management (how to get to the doctor, when to go to the doctor, being able to navigate the system)*
- *Useful case managers (referencing – how to get a new doctor if they don't like their current doctor, if they have to get a specialty and have to go to a specialty doctor).*
- *Visiting physicians.*

*Education*

- *Diabetes is becoming one of the leading vision lost issues.*
- *Glaucoma is also another.*
- *More education is needed on how to prevent health issues.*
- *They aren't asking their doctors questions due to being embarrassed and uneducated.*

*Transportation*

- *MetroAccess can be too expensive for those on a fixed income.*
- *If a senior is coming on their own and using MetroAccess, there is no promise they will arrive or on time.*

*Meals*

- *Many seniors don't cook or cook very little.*
- *Many seniors that need home delivered meals don't receive them. A lot of seniors east of the river do not receive a lot of the services that other seniors receive.*

*Communication*

- *Communication with seniors is different because frailty and cognitive levels must be taken into consideration, and there needs to be a system of care that acknowledges this.*

*Accessibility*

- *There are still a lot of venues around the District of Columbia that do not meet the ADA standards (lighting, no ramps or elevators, entryways).*

### b. Person Living with Disabilities

*ADA Standards*

- *Many senior living facilities are not up to code and do not meet ADA standards (example: railing in bathrooms).*

*Education*

- *It important to ensure that locations and individuals are aware of ADA laws and putting them into practice.*

### c. Caregivers

*Support systems*

- *Caregivers need more support from the community and provider agencies that includes respite care.*
- *There needs to be a more comprehensive and enhanced approach to helping caregivers.*

*Education*

- *Navigating the system of care can be difficult and challenging and many caregivers need assistance.*

*Legal Advice*

- *Because caregivers are often making complicated decisions for another individual, they need to be aware of their rights, as well as the rights of the other individual especially when dealing with insurance matters and financial decisions.*

### d. Special Populations

*All Groups*

- *Overall, when dealing with special populations, there needs to be assurance of cultural competency and sensitivity.*
- *The needs of all seniors no matter their differences are similar. For seniors that do not speak English the issues/problems are compounded.*

*Spanish Speaking*

- *A Spanish speaking person should be able to communicate with another Spanish speaking person when they make contact to an agency or organization to receive assistance.*
- *There are no mental health programs that exist for the Spanish speaking population.*
- *There is a great deal of diversity among Spanish speaking persons and their cultures. Among these differences there are different problems that affect specific groups. There seems to be no cultural sensitivity that takes this into consideration. All Spanish speaking people get grouped into one category.*

*Asian & Pacific Islander*

- *Among the Asian and Pacific Islander population, depression and mental health are large issues as a result of having limited communication with other people that speak their language.*
- *Cultural barriers.*

*Veterans*

- *Housing for veterans that are missing limbs is a big problem.*
- *There is a lack of community support for those that are not receiving treatment at a VA hospital currently.*
- *Veterans also need more peer support and contact.*

*LGBT*

- *Because many LGBT are removed from their family and may have lost a significant other, LGBT persons need more community support and recognition of their individual issues. When thinking about senior issues, many people and organizations do not even ask if a person is LGBT to learn more about the specific issues they face.*

- When providers were asked what are the critical services needed for all populations, they responded as follows:
  - *Food: congregate meals;*
  - *Nutrition/health services;*
  - *Transportation; and*
  - *Education.*

2. Based on your knowledge and experiences what are the major barriers to receiving services for:

### a. All Groups

*Education*

- *Organizations that serve the individual populations need to go to the locations where the population frequents to educate them about services and provide information that they will not receive otherwise.*

- *When using promotional and informational materials, phone numbers need to still be included instead of just web addresses which creates a barrier for those that are not computer literate or do not have a computer.*

*Analysis of structural needs*

- *Greater attention should be given to the Census as populations grow, and funds should be dispersed accordingly to meet the needs of those populations.*

**b. Seniors**

*Literacy*

*Fear of losing home*

- *When seniors have a safe place to live, free from worry that they will lose their home, they are more likely to receive care.*

*System of Care*

- *Navigating the system of care can be very difficult and daunting for seniors. They need more help from case managers to navigate the system and access all of the services they need.*

**c. Persons Living with a Disability**

*ADA Services*

- *Lack of some locations and organizations that follow ADA rules and regulations which makes it difficult for some people living with a disability to access services.*

**d. Special Populations**

*Veterans*

- *Some organizations and individuals are prejudice against veterans because they do not agree with war.*
- *The system of care was not prepared to take care of the large population of female veterans.*

*LGBT*

- *Stigma.*
- *Refusal of services and going without care because of the lack of cultural competency.*
- *Isolation.*
- *Lack of support due to a small support system.*

3. What are the top three programs/services that are working well in the District:

**a. Elder Fest**

**b. Miss Senior DC**

- *Allows senior women the opportunity to enjoy each other and share as they transition through different stages of being a senior.*

**c. Home delivered meal program**

- *Home delivered meals is a great program but it needs more work. Meals need to be culturally sensitive, healthy, and consistent.*

**d. Call N Ride (Taxi Service)**

- *It needs more advertisement. Not enough clients are aware of the service.*
- *Can be a challenge for non-English speaking individuals.*

**e. WEHTSS**

- *Only serves a limited area and may require expansion in the future.*

**f. Wellness Programs at Community Centers**

- *A provider stated that there are services available for seniors, persons living with a disability and caregivers in the District of Columbia, but many of the programs need to be reevaluated and modernized to meet the needs of these populations in a modern world.*

4. What additional services can DCOA provide to members of special population groups to improve their quality of life and the services offered to them in your community?

**a. Spanish speaking**

*Peer Navigators*

- *Bilingual peer navigators that can help navigate them through the system of care.*

*Transportation*

- *Culturally aware drivers or transportation aides*

*Culturally appropriate meals*

*Better coordination of services*

- *There is an overlap of services (example: If an African home health aide is placed in the home of a Latin American senior and is supposed to prepare meals, they are unaware of how to prepare Latin food; therefore, that client must order home delivered meals and using a resource that someone else may need).*

**Additional Comments:**

A provider stated that if nothing else, DCOA should be a complete resource center with current information available.

The Department of Health (other than Medicaid and Medicare) and the Department of Human Services are lacking greatly. There is a need for an assessment of these agencies and how they serve seniors, persons living with a disability, and caregivers. There should be more

collaboration among DCOA with these agencies because they also play a role in serving these populations.

# Appendix F: Outreach Materials

# Focus Groups

The District of Columbia Office on Aging is conducting Focus Group sessions to receive input from seniors (60 years and older) and disabled persons (between the ages of 18-59) living in the District on service needs and barriers to care. Focus Group sessions will be held on the following dates:

| DATE | TIME | LOCATION |
|---|---|---|
| August 23, 2011 | 10:00am – 12:00pm | TBD |
| August 23, 2011 | 2:00pm – 4:00pm | TBD |
| August 24, 2011 | 10:00am – 12:00pm | TBD |
| August 24, 2011 | 2:00pm – 4:00pm | TBD |

If you are interested in participating, please contact (202)778-3449 or email seniorneedsassessment@tcba.com to get further details.

Participants will receive refreshments during the focus group sessions. We look forward to hearing from you.

TCBA
THOMPSON, COBB, BAZILIO & ASSOCIATES, PC
Certified Public Accountants & Management, Systems and Financial Consultants

# Senior Survey

The District of Columbia Office on Aging is asking seniors (60 years and older), persons living with a disability (18-59 years) and senior caregivers living in each of the eight Wards of the District to complete a survey on their service needs and barriers to care.

The survey session will be held on the following date:

| DATE | TIME | LOCATION |
|---|---|---|
| | | |

If you are interested in participating, please contact _____ at (202)_____.

We look forward to hearing from you.

THE DISTRICT OF COLUMBIA OFFICE ON AGING

TCBA
THOMPSON, COBB, BAZILIO & ASSOCIATES, PC
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# Appendix G: Community Presentation Feedback

Two community presentations were held in the northwest (NW) and southeast (SE) corridors of the District of Columbia on July 6, 2012 and July 13, 2012 respectively. Community members, service providers and other community stakeholders were presented the key findings of the Senior Needs Assessment: Initial Data Collection and provided the opportunity to ask questions, provide feedback and suggest recommendations. The comments shown were captured at the community presentation sessions.

## Recommendations and Comments

- Link seniors with retired Veteran's and other intergenerational populations
- Seniors need greater knowledge transportation services, especially free
- Metro Access is very expensive for seniors
- More study is needed for very-low income seniors
- Seniors need to be made more aware of the information and services available
- Address the need to inform seniors of other issues that affect/are important to them such as hospice care and living wills
- There are barriers for seniors looking for work to find employment
    - Many of the job placement services are based on income, which should not matter if a senior is looking to supplement their income.
- It is frustrating when looking for information; seniors are deferred to their lead agency, particularly when the ADRC is contacted
- Ensure that unpaid vs. paid caregivers are distinguished in the report
- Ensure that exploited seniors are a major focus moving forward
- Disseminate information about services and agencies more widely
- Regularly list lead agencies in the Beacon (preferably every issue)

- Rotate focus on various organizations and services offered in the Beacon
- Collaborate with meal delivery services to distribute information with meals

## Survey Feedback

### What is most valuable about this workshop?

- Knowing that DCOA loves, cares and is concerned about the wellbeing of seniors
- Knowing that seniors are being well informed
- The Q & A session about presented data
- Meeting the needs of seniors
- Showing both national and District of Columbia data
- Information on the feedback from the focus groups
- The information that was provided on all Wards
- The overall statistics
- It was helpful to find out the needs of seniors, especially those residing in Ward 4
- The information provided about the needs of the senior LGBT population
- The information provided about caregivers

### How would you improve this workshop?

- The workshop should have focused on the ward where the presentation is done
- Provide handouts for those who cannot see well or want to take information home
- Provide email contact to provide further investigation suggestions
- Would like to have seen less step by step explanation of data and more explanation of overall findings
- The presentation should have been longer.
- More people should have been encouraged to attend the presentations
- Would have like to see more ward specific information

- Present agenda with the ability to take notes
- Hard copies of the presentation should have been provided
- I would like to see more provider input
- Bring own audio equipment

### What is least valuable about this workshop?

- The location was a challenge for some people to attend
- Too much information was provided at one time
- The information did not explain how my life may be affected